DOCUMENT RESUME

ED 237 728 CE 037 737

TITLE	Oversight of the Vocational Rehabilitation Act and the Education of the Handicapped Act, 1983. Hearings before the Subcommittee on the Handicapped of the Committee on Labor and Human Resources, United States Senate, Ninety-Eighth Congress, First Session on Oversight on Reauthorization of the Vocational Rehabilitation Act and the Education of the Handicapped Act (February 24, March 21 and 23, 1983). S.Hrg. 98-328.
INSTITUTION	Congress of the U.S., Washington, D.C. Senate Committee on Labor and Human Resources.
PUB DATE	83
NOTE	704p.; Not available in paper copy due to small type.
PUB TYPE	Legal/Legislative/Regulatory Materials (090) -- Viewpoints (120)
EDRS PRICE	MF04 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Disabilities; Elementary Secondary Education; Federal Legislation; Hearings; Minority Groups; Outcomes of Education; Postsecondary Education; *Program Effectiveness; Program Implementation; Program Improvement; *Vocational Rehabilitation
IDENTIFIERS	Congress 98th; Education of the Handicapped Act 1983; Reauthorization Legislation; Vocational Rehabilitation Act 1983

ABSTRACT

This document, a transcript of a series of Congressional hearings, considers the reauthorization of the Vocational Rehabilitation Act and the Education of the Handicapped Act. The hearings were designed to assess the effectiveness of existing programs and to seek ways to ensure their continued success in the future. Testimony and prepared reports were given by 85 witnesses, support personnel, and organizations. The witnesses represented federal, state, and local governmental agencies and organizations that serve handicapped and displaced workers, including those serving minority groups such as American Indians. The witnesses described the programs provided by their agencies, their successes, and those programs that have not been as effective. They also asked for increased funding for their programs that are funded under the acts and suggested ways that various titles of the acts could be improved. (KC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED237728

S. Hrg. 98-328

OVERSIGHT OF THE VOCATIONAL REHABILITATION ACT AND THE EDUCATION OF THE HANDICAPPED ACT, 1983

HEARINGS

BEFORE THE

SUBCOMMITTEE ON THE HANDICAPPED

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

NINETY-EIGHTH CONGRESS

FIRST SESSION

ON

OVERSIGHT ON REAUTHORIZATION OF THE VOCATIONAL REHABILITATION ACT AND THE EDUCATION OF THE HANDICAPPED ACT TO ASSESS THE EFFECTIVENESS OF EXISTING PROGRAMS AND TO SEEK WAYS TO INSURE THEIR CONTINUED SUCCESS IN THE FUTURE

FEBRUARY 24, MARCH 21 AND 23, 1983

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

MICROFILMED FROM
BEST AVAILABLE COPY

Printed for the use of the Committee on Labor and Human Resources

U.S. GOVERNMENT PRINTING OFFICE
21-974 O WASHINGTON : 1983

CE037737

COMMITTEE ON LABOR AND HUMAN RESOURCES

ORRIN G. HATCH, Utah, *Chairman*

ROBERT T. STAFFORD, Vermont
DAN QUAYLE, Indiana
DON NICKLES, Oklahoma
GORDON J. HUMPHREY, New Hampshire
JEREMIAH DENTON, Alabama
LOWELL P. WEICKER, Jr., Connecticut
CHARLES E. GRASSLEY, Iowa
JOHN P. EAST, North Carolina
PAULA HAWKINS, Florida

EDWARD M. KENNEDY, Massachusetts
JENNINGS RANDOLPH, West Virginia
CLAIBORNE PELL, Rhode Island
THOMAS F. EAGLETON, Missouri
DONALD W. RIEGLE, Jr., Michigan
HOWARD M. METZENBAUM, Ohio
SPARK M. MATSUNAGA, Hawaii
CHRISTOPHER J. DODD, Connecticut

Ronald F. Docksai, *Staff Director*
Kathryn O'L. Higgins, *Minority Staff Director*

Subcommittee on the Handicapped

LOWELL P. WEICKER, Jr., Connecticut, *Chairman*

ROBERT T. STAFFORD, Vermont
PAULA HAWKINS, Florida
DON NICKLES, Oklahoma
ORRIN G. HATCH, Utah
(Ex Officio)

JENNINGS RANDOLPH, West Virginia
THOMAS F. EAGLETON, Missouri
SPARK M. MATSUNAGA, Hawaii
EDWARD M. KENNEDY, Massachusetts
(Ex Officio)

John A. Doyle, *Professional Staff Member*
Patria Forsythe, *Minority Professional Staff Member*

CONTENTS

CHRONOLOGICAL LIST OF WITNESSES

Thursday, February 24, 1983

Page

Conn, George A., Commissioner, Rehabilitation Services Administration, and Acting Assistant Secretary, Office of Special Education and Rehabilitation Services, U.S. Department of Education, accompanied by Fred Sachs, Associate Commissioner, Rehabilitation Services, Program Operations, and Fred Windbeck, Associate Commissioner, Rehabilitation Services, Developmental Programs 4

Dusenbury, Joe S., Chairman, National Council on the Handicapped 28

Fenderson, Douglas A., Director, National Institute of Handicapped Research; and Joseph B. Moriarty, director, West Virginia Rehabilitation Research and Training Center, on behalf of the National Association of Rehabilitation Research and Training Centers 31

Cruz, Neva Rae, project director, Client Assistance Projects, Salt Lake City, Utah; Hank Blandford Division of Protection and Advocacy, State of Kentucky; and Ethan Ellis, deputy director, New Jersey Department of Public Advocacy 80

Galotti, Joseph, commissioner, Department of Education, State of Connecticut, on behalf of the Council of State Administrators of Vocational Rehabilitation; John Banks, National Rehabilitation Association; and Karen Clay, special education teacher, District of Columbia Association for Retarded Citizens, on behalf of the Association for Retarded Citizens of the United States, accompanied by Andrew Jackson, District of Columbia Association for Retarded Citizens Graduate of the Year, a panel 116

Mankowsky, Jean, executive director, Vermont Center for Independent Living; and Max J. Starkloff, president, National Council of Independent Living Programs 146

Moore, John H., Jr., president, Threshold Rehabilitation Services, Inc., Reading, Pa., on behalf of the National Association of Rehabilitation Facilities; and Judith Valuckas, president, Connecticut Council on Handicapped 165

Monday, March 21, 1983

Bauer, Gary M., Deputy Under Secretary for Planning, Budget, and Evaluation, Department of Education, accompanied by George A. Conn, Commissioner, Rehabilitation Services Administration and Acting Assistant Secretary for Special Education and Rehabilitative Services; Carol A. Cichowski, Acting Director, Division of Special Education, Rehabilitation and Research Analysis 217

Verville, Richard E., counsel, American Council of Rehabilitative Medicine, American Academy of Physical Medicine and Rehabilitation, Washington, D.C., and D. Kenneth Reagles, president-elect, National Council on Rehabilitation Education, Department of Rehabilitation Education, Syracuse University, New York 228

Hall, Harry L., Washington representative, National Multiple Sclerosis Society and Martin Adler, executive director, Helen Keller National Center for Deaf-Blind Youths and Adults, Sands Point, N.Y 241

Bauer, Gary M., Deputy Under Secretary for Planning, Budget, and Evaluation, Department of Education, accompanied by George A. Conn, Commissioner, Rehabilitation Services Administration, and Acting Assistant Secretary for Special Education and Rehabilitative Services; and Dr. Edward Sontag, Acting Director, Special Education, Programs 267

Page

Hofmeister, Dr. Alan M., dean, school of graduate studies, associate vice president for research, Utah State University 281

McChord, Winfield, headmaster, American School for the Deaf, West Hartford, Conn., on behalf of the Conference of Educational Administrators serving the deaf, and the Convention of American Instructors of the Deaf 297

WEDNESDAY, MARCH 23, 1983

Lauritsen, Dr. Robert R., division manager St. Paul Technical Vocational Institute, St. Paul, Minn., and director, regional education program for deaf students; and Dr. Thomas G. Bellamy, director, specialized training program, University of Oregon, and assistant professor of special education and rehabilitation 310

Gallagher, Dr. James J., director, Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill and Frederick J. Weintraub, assistant executive director, Department of Governmental Relations, Council for Exceptional Children, Reston, Va 348

Hanley, Dr. Dennis E., executive director, Mountain Plains Regional Center, Denver, Colo.; and Dr. Wayne Sailor, professor, department of special education, San Francisco State University, president, the Association for the Severely Handicapped, San Francisco, Calif 382

Butler, Dr. Katharine G., director, division of special education and rehabilitation, Syracuse University, New York; president, Higher Education Consortium for Special Education and Rehabilitation and Dr. Robert S. Black, director, Office of Programs for the Handicapped, Department of Education, Columbia, S.C 403

STATEMENTS

Adler, Martin A., MSW, ACSW, director, Helen Keller National Center for Deaf-Blind Youths and Adults, prepared statement 252
    Additional testimony 258

Adult Learning Systems, Inc., Alice R. Roelofs, executive director, and Jan L. Black, president, joint prepared statement 538

American Coalition of Citizens with Disabilities, Inc., Jane Rozeghi, acting executive director, prepared statement 601

American Personnel and Guidance Association and the American Rehabilitation Counseling Association, prepared statement 210

Association of Retarded Citizens of the United States, Karen Clay, on behalf of, prepared statement 142

Bauer, Gary M., Deputy Under Secretary for Planning, Budget, and Evaluation, Department of Education, accompanied by George A. Conn, Commissioner, Rehabilitation Services Administration and Acting Assistant Secretary for Special Education and Rehabilitative Services; Carol A. Cichowski, Acting Director, Division of Special Education, Rehabilitation and Research Analysis 267

Bauer, Gary M., Deputy Under Secretary for Planning, Budget, and Evaluation, Department of Education, accompanied by George A. Conn, Commissioner, Rehabilitation Services Administration, and Acting Assistant Secretary for Special Education and Rehabilitative Services; and Dr. Edward Sontag, Acting Director, Special Education Programs 217

Bellamy, G. Thomas, Ph. D., University of Oregon, prepared statement 340

Black, Robert S., president, National Association of State Directors of Special Education, prepared statement 416

Blandford, Hank, Kentucky Protection and Advocacy Division, prepared statement 90

Blumenfeld, Eric, St. Paul, Minn., prepared statement 337

Burrello, Leonard C., associate professor, Indiana University, prepared statement 438

Butler, Dr. Katharine G., director, division of special education and rehabilitation, Syracuse University, New York; president, Higher Education Consortium for Special Education and Rehabilitation and Dr. Robert S. Black, director, Office of Programs for the Handicapped, Department of Education, Columbia, S.C 403
    Prepared statement 407

Page

Conn, George A., Commissioner, Rehabilitation Services Administration, and Acting Assistant Secretary, Office of Special Education and Rehabilitation Services, U.S. Department of Education, accompanied by Fred Sachs, Associate Commissioner, Rehabilitation Services, Program Operations, and Fred Windbeck, Associate Commissioner, Rehabilitation Services, Developmental Programs 4

  Prepared statement 9

Consortium for Citizens with Developmental Disabilities, prepared statement .. 451

Council for Exceptional Children, Frederick J. Weintraub, assistant executive director, department of governmental relations, prepared statement 361

Council of State Administrators of Vocational Rehabilitation, prepared statement 119

Cruz, Neva Rae, project director, Client Assistance Projects, Salt Lake City, Utah; Hank Blandford, Division of Protection and Advocacy, State of Kentucky; and Ethan Ellis, deputy director, New Jersey Department of Public Advocacy 80

  Prepared statement 83

Dublinske, Stan, Ed. D., director, State/regulatory policy division, governmental affairs, department, the American Speech-Language-Hearing Association, prepared statement 568

Dusenbury, Joe S., Chairman, National Council on the Handicapped 28

Easter Seal Goodwill Industries Rehabilitation Center, Inc., prepared statement 635

Ellis, Ethan B., president, National Association for Protection and Advocacy Systems, prepared statement 108

Fenderson, Douglas A., Director, National Institute of Handicapped Research; and Joseph B. Moriarty, director, West Virginia Rehabilitation Research and Training Center, on behalf of the National Association of Rehabilitation Research and Training Centers 31

  Prepared statement 35

Frank Porter Graham Child Development Center, James J. Gallagher, director, prepared statement 692

Gallagher, Dr. James J., director, Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill, and Frederick J. Weintraub, assistant executive director, Department of Governmental Relations, Council for Exceptional Children, Reston, Va 348

  Prepared statement 351

Galotti, Joseph, commissioner, Department of Education, State of Connecticut, on behalf of the Council of State Administrators of Vocational Rehabilitation; John Banks, National Rehabilitation Association; and Karen Clay, special education teacher, District of Columbia Association for Retarded Citizens, on behalf of the Association for Retarded Citizens of the United States, accompanied by Andrew Jackson, District of Columbia Assocation for Retarded Citizens Graduate of the Year, a panel 116

  Prepared statement 119

Goodwill Industries of America, Inc., Rear Adm. David M. Cooney, USN (Retired), president and chief executive officer, prepared statement 479

Hall, Harry L., Washington representative, National Multiple Sclerosis Society and Martin Adler, executive director, Helen Keller National Center for Deaf-Blind Youths and Adults, Sands Point, N.Y 241

  Prepared statement 244

Hall, Sandra G., project director, and Kristina T. Madison, program coordinator, Goodwill Industries, prepared statement 543

Hanley, Dr. Dennis E., executive director, Mountain Plains Regional Center, Denver, Colo; and Dr. Wayne Sailor, professor, department of special education, San Francisco State University, president, the Association for the Severely Handicapped, San Francisco, Calif 383

  Prepared statement 386

Hatch, Hon. Orrin G., a U.S. Senator from the State of Utah, prepared statement 79

Hofmeister, Dr. Alan M., dean, school of graduate studies, associate vice president for research, Utah State University 281

  Prepared statement 285

Inouye, Hon. Daniel K., a U.S. Senator from the State of Hawaii, prepared statement 428

Page

Kingsley, Roger P., Ph. D., director, congressional relations division, governmental affairs department, the American Speech-Language-Hearing Association, prepared statement 547

Lauritsen, Dr. Robert R., division manager St. Paul Technical Vocational Institute, St. Paul, Minn., and director, regional education program for deaf students; and Dr. Thomas G. Bellamy, director, specialized training program, University of Oregon, and assistant professor of the special education, and rehabilitation 310
  Prepared statement 313
  Supplemental statement 329

Mankowsky, Jean, executive director, Vermont Center for Independent Living; and Max J. Starkloff, president, National Council of Independent Living Programs 146
  Prepared statement 149

Marshall, Stan L., Williston, Vt., prepared statement 615

Massachusetts Easter Seal Society, Mary Ann Barbee, deputy director for programs, prepared statement 577

McChord, Winfield, headmaster, American School for the Deaf, West Hartford, Conn., on behalf of the Conference of Educational Administrators serving the deaf, and the Convention of American Instructors of the Deaf..... 297
  Prepared statement 299

McDonough, P. J., Ed. D., associate executive vice president, American Association for Counseling and Development, prepared statement 695

Moore, John H., Jr., president, Threshold Rehabilitation Services, Inc., Reading, Pa., on behalf of the National Association of Rehabilitation Facilities; and Judith Valuckas, president, Connecticut Council on Handicapped 165
  Prepared statement 169

National Association of Counties, prepared statement 612

National Association of Rehabilitation Facilities, prepared statement 517

National Association of Rehabilitation Research and Training Centers, Joseph B. Moriarty, Ph. D., on behalf of, prepared statement 53

National Council on Rehabilitation Education, Kenneth Reagles, president-elect, prepared statement 237

National Easter Seal Society, prepared statement 580

National Recreation and Park Association, Viki S. Annand, president, National Therapeutic Recreation Society and Dr. Andrea H. Farbman, legislative chair, National Therapeutic Recreation Society, on behalf of, prepared statement 466

National Rehabilitation Association, John Banks on behalf of, prepared statement 130

Navaho Tribe for American Indian Rehabilitation Services, prepared statement 606

Nevada State Rehabilitation Division, Bureau of Vocational Rehabilitation, Elaine M. Smith, comprehensive services specialist for the severely disabled, prepared statement 472

Perlman, Leonard G., president, Rehabilitation Psychology Division, American Psychological Association, prepared statement (with enclosure) 207

Randolph, Hon. Jennings, a U.S. Senator from the State from West Virginia, prepared statement, March 21, 1983 216

Rogers, Dr. Terence, dean, school of medicine, University of Hawaii, prepared statement 433

Schloss, Irvin P., director of governmental relations, American Foundation for the Blind, prepared statement 591

Sailor, Wayne, Ph. D., president, the Association for Severely Handicapped, prepared statement 395

Sanford, Anne R., director, Chapel Hill Training-Outreach Project, prepared statement 510

Scogin, Alice, chairman, governmental affairs committee, Association for Children and Adults With Learning Disabilities, prepared statement 693

Stafford, Hon. Robert T., a U.S. Senator from the State of Vermont, prepared statement 267

Starkloff, Max J., president, National Council of Independent Living Programs, prepared statement 162

Stearns, Marian S., Ph. D., director, social sciences center, SRI International, prepared statement 443

Page

Ten Comprehensive Rehabilitation Center Projects, prepared statement (with attachments) 181
United Cerebral Palsy Associations, Inc., prepared statement 494
United States Student Association, prepared statement 491
University of Kansas, prepared statement 446
Verville, Richard E., counsel, American Council of Rehabilitative Medicine, American Academy of Physical Medicine and Rehabilitation, Washington, D.C., and D. Kenneth Reagles, president-elect, National Council on Rehabilitation Education, Department of Rehabilitation Education, Syracuse University, New York 228
  Prepared statement 231
Valuckas, Judith, Watertown, Conn., prepared statement 177
Wallenstein, R. Carol, Concord, N.H., prepared statement 513
Ziegler, Martha H., coordinator, National Network of Parent Coalitions, prepared statement 505

ADDITIONAL INFORMATION

Questions and answers:

Responses of George Conn, Acting Assistant Secretary, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration to questions asked by Senator Weicker 226
  Additional questions and responses 649
  Questions asked by Senator Stafford 678
Responses of Edward Sontag, Acting Director, Special Education Programs, Department of Education to questions asked by Senator Weicker 273
Responses of Alan M. Hofmeister, associate vice president for research, Utah State University, to questions asked by Senator Weicker 294
Responses of G. Thomas Bellamy, Ph. D. director, Center on Human Development, University of Oregon, to questions asked by Senator Weicker 598
Responses of Max J. Starkloff, president, National Council of Independent Living Programs to questions asked by Senator Weicker 654
Responses of Martin A. Adler, MSW, ACSW, director, Hellen Keller National Center for Deaf-Blind Youths and Adults to questions asked by Senator Weicker 656
Responses of Ethan Ellis, deputy director, division of advocacy for the developmentally disablied, New Jersey Department of Public Advocates to questions asked by Senator Weicker 662
Responses of Joseph R. Galotti, commissioner, Department of Education, State of Connecticut, to questions asked by Senator Weicker 669
Responses of John H. Moore, president, Threshold Rehabilitation Services, Inc., to questions asked by Senator Weicker 673
Responses of Harry E. Blandford, Jr., Advocacy Specialist, Division of Protection and Advocacy, Department of Public Advocacy to questions asked by Senator Weicker 676
Responses of Dr. Douglas Fenderson, director, National Institute of Handicapped Research to questions asked by Senator Weicker 689

Miscellaneous:

U.S. Department of Education information memorandum RSA-IM-82-41, re report on "Caselonad Statistics, State Vocational Rehabilitation Agencies, Fiscal Year 1981, September 14, 1982 23

OVERSIGHT OF THE VOCATIONAL REHABILITATION ACT AND THE EDUCATION OF THE HANDICAPPED ACT, 1983

THURSDAY, FEBRUARY 24, 1983

U.S. Senate,
Subcommittee on the Handicapped,
Committee on Labor and Human Resources,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:32 a.m., in room SR-428, Russell Senate Office Building, Senator Lowell P. Weicker, Jr. (chairman of the subcommittee) presiding.

Present: Senators Weicker, Hatch, Randolph, Hawkins, Stafford, and Eagleton.

OPENING STATEMENT OF SENATOR WEICKER

Senator **Weicker**. The hearing will come to order.

Today, we begin the process of reviewing the principal Federal program designed to assist disabled persons to obtain gainful employment and to do so in an environment free of threats of repeal of block grants or massive funding cuts. Indeed, through its 62 years of existence, the vocational rehabilitation program has developed into a national network of services which can point with pride to 6.4 million disabled Americans being successfully rehabilitated.

In 1982 alone, it is estimated that some 225,000 people were rehabilitated, of which 129,000, or 57 percent, were severely disabled. Success, however, in rehabilitation cannot be thought of as static. The types and distribution of services provided under the Vocational Rehabilitation Act must be continually fashioned and refashioned to meet the client need. Rehabilitation specialists do this each day they evaluate, design training programs and seek placement of each new client. We in Congress should expect to be no less dynamic in our approval and I look forward to hearing today and on March 21 both hour our vocational rehabilitation services are succeeding and how they can be improved.

I look forward to hearing the opening remarks of my very dear friend, ranking member, and former chairman, a man who has devoted a lifetime of senatorial and congressional work to the needs of the handicapped, Senator Randolph.

OPENING STATEMENT OF SENATOR RANDOLPH

Senator **Randolph**. Thank you very much, Mr. Chairman. This is a most important hearing. I wish the record to reflect my feeling on the manner in which you as chairman of our Subcommittee on the handicapped have carried forward in a knowledgeable manner that which has been done so on a strictly bipartisan, nonpartisan basis throughout the years.

I shall be helped by testimony from witnesses on the reauthorization of the Rehabilitation Act, as amended. Overview of the programs authorized under this act has been a most rewarding experience. We know the programs authorized by the law are essential for assisting millions of disabled people in our country to achieve more productive lives within their families and within their communities.

The 35 million Americans who are categorized as disabled are perhaps our most vulnerable population. Approximately 10 million of these Americans are severely disabled. Many of the severely disabled cannot function in regular employment but they do have a capacity for independent living. Comprehensive services to these severely disabled individuals must be increased. There must be more supportive services tailored to their needs.

In these difficult economic times, with rising unemployment, achieving vocational goals and acquiring skills for employment become vastly important to disabled Americans. In crucial times like these a program such as projects with industry should be reauthorized and funded at high levels. I understand that the activities authorized and funded under this program are some of the more cost effective.

Basic to any major initiatives being undertaken in special rehabilitation programs is the State/Federal program which provides the funds for Federal assistance to all handicapped Americans. We are aware that the most cost-effective program being funded for our disabled Americans is this State/Federal vocational rehabilitation program. For more than 60 years this effort has served millions of disabled citizens. We are proud of a program which returns $10 for every $1 invested.

Mr. Chairman, I welcome Dr. Joseph Moriarty, director of the West Virginia Rehabilitation Research and Training Center. He is an outstanding leader in the field of rehabilitation. In West Virginia we are fortunate to have the benefit of his ability and we are proud of his efforts and achievements at the R&T center.

Mr. Chairman, I am very appreciative that you have given me, out of order, the opportunity to speak and also to welcome Dr. Moriarty.

Also, it is my desire, if agreeable with you, that certain questions that will be submitted to witnesses be made a part of the hearing record.

Senator **Weicker**. Absolutely. Thank you very much, Senator Randolph. Those questions will be submitted to the witnesses for response in the record.

Senator **Randolph**. Thank you very much.

Senator **Weicker**. Thank you.

I have a statement by Senator Stafford which I present for inclusion in the record at this point.

[The following was received for the record:]

OPENING STATEMENT OF SENATOR STAFFORD

Senator **Stafford**. The vocational rehabilitation program has been in existence for 63 years. Many changes have occurred in the total act over the years but the main focus has remained—to rehabilitate handicapped individuals so they may enter the competitive job market.

Among the services the vocational rehabilitation program provides are: Evaluation of rehabilitation potential; vocational counseling, training, and placement; and physical restoration.

One of the new programs added in 1978 was comprehensive services for independent living. Currently there are about 150 centers for independent living across the country. These centers provide services such as peer counseling, independent living skills, housing and transportation referral assistance, and attendant care. For those handicapped individuals who are presently unable to be employed this program provides the necessary services so a greater level of independence can be achieved.

The moneys that are spent on the vocational rehabilitation program are an investment in the lives of handicapped individuals rather than just another "welfare" program.

For those persons who were rehabilitated in 1980, an estimated $280.4 million would have been paid to Federal, State, and local governments in taxes, as well as savings on public assistance. At this rate, the total governmental benefit will equal the total Federal, State, and third-party cost of rehabilitation for fiscal year 1980 closures in 4 years.

Employment in this Nation for nonhandicapped as well as disabled individuals is of paramount concern to all of us. Therefore, these statistics prove overwhelmingly that this program continues to be a sound financial investment for the Federal Government.

The task presently before this subcommittee is the reauthorization of the Vocational Rehabilitation Act. These hearings will provide us with a vehicle for assessing the effectiveness of existing programs in this act and a means to insure their continuing success in the future.

Senator **Weicker**. Now, the first witness to appear before the committee is George Conn, Commissioner of Rehabilitation Services Administration, and Acting Assistant Secretary, Office of Special Education and Rehabilitative Services.

Mr. Conn, are you accompanied by others?

STATEMENT OF GEORGE A. CONN, COMMISSIONER, REHABILITATION SERVICES ADMINISTRATION, AND ACTING ASSISTANT SECRETARY, OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES, U.S. DEPARTMENT OF EDUCATION; ACCOMPANIED BY FRED SACHS, ASSOCIATE COMMISSIONER, REHABILITATION SERVICES, PROGRAM OPERATIONS, AND FRED WINDBECK, ASSOCIATE COMMISSIONER, REHABILITATION SERVICES, DEVELOPMENTAL PROGRAMS

Mr. Conn. Yes, I am.

Senator Weicker. Why do you not proceed both in introducing your colleagues and presenting your testimony?

I might add, for all those that appear before the committee here, that your statements in their entirety will be included in the record and you might proceed in some manner which would synopsize those statements.

Mr. Conn. Thank you, Senator. If I could beg your indulgence, I will hold the introductions of the other persons accompanying me until I finish my testimony.

Senator Weicker. Right. You will have to speak up because it is a little difficult to hear in this room.

Mr. Conn. All right, fine.

Mr. Chairman, members of the committee, I am pleased to present testimony for the Department of Education on the subject of reauthorization of the Rehabilitation Act of 1973, as amended.

The act presently authorizes programs of the Rehabilitation Services Administration, the National Institute of Handicapped Research, and the activities of the National Council on the Handicapped.

The Rehabilitation Act of 1973, as amended, authorizes the allocation of Federal funds on a formula basis to States to provide services to assist disabled individuals to prepare for and engage in gainful occupations. Significant progress has been achieved over six decades to develop a service delivery system in the States to rehabilitate disabled persons.

I would like to summarize recent trends and accomplishments in the title I basic State grants program. In fiscal year 1982, 226,924 disabled persons were rehabilitated in the State-Federal program, of which 57.2 percent, or 129,866, were severely disabled, which is an alltime high.

A total of 959,056 persons received rehabilitation services in 1982, of which 59.6 percent were severely disabled. The number of new active cases in 1982 was 333,954, of which 60.1 percent were severely disabled. These services measures are, by and large, slightly lower than those for 1981, during which 138,380 severely disabled persons were rehabilitated, and a total of 1,038,232 individuals received rehabilitation services.

The decline is explained only partly by funding changes. Over the last several years, the program has served an increasing proportion of severely disabled individuals. These persons tend to be, regardless of cost and budget levels, more difficult and time-consuming to rehabilitate than those individuals with less severe impairments. If the proportion of severely disabled persons continues to rise, and we think it will, the number of severely disabled rehabilitants may well decline regardless of budget allocation levels unless, together, we can find a way to reduce health care costs.

The challenge today for State VR agencies is to use limited resources in the most effective and efficient ways possible; to develop new and innovative methods of cost-effective rehabilitation; to keep a tight lid on administrative costs to maximize moneys devoted to direct services; and to pursue carefully other benefits for which clients may extract the most from each rehabilitation dollar.

As one might expect, rehabilitation outcomes for severely disabled persons are not as favorable as those for non-severely disabled persons in terms of both work status and earnings at closure. There is, however, in outcomes for the severely handicapped considerable room for improvement.

For example, about three-quarters of all rehabilitants are placed in the competitive labor market. For those who are severely disabled, the proportion is about 65 percent. In fiscal year 1981, the mean weekly earnings at closure of: those severely disabled rehabilitants with earnings was $148; for those who were non-severely disabled, approximately $168.

These figures understate the actual hourly wage rate, since many rehabilitated persons work only on a temporary or a part-time basis. Nonetheless, over one-half of the severely disabled rehabilitants received less than the Federal minimum wage in 1981, while 21 percent received no wages at case closure. In the last 2 years, increasing proportions of severely disabled individuals have been engaged as unpaid homemakers.

Several audits and evaluation reports have indicated that changes are needed in the current system to improve rehabilitation outcomes for rehabilitation clients, especially for those who are the most severely disabled.

One of the main problems identified involves the current measure of success. Counselors have traditionally been rated on the basis of the number of persons they rehabilitated. In 1976, the GAO reported to the Senate Subcommittee on the Handicapped that since the severely disabled are more costly to rehabilitate, counselors were apprehensive about utilizing larger sums of money for services for severely disabled clients, thereby rehabilitating a smaller total number of clients and potentially subjecting themselves to lower performance ratings.

GAO also noted that counselors reasoned that a system which accounted for the cost and difficulty of rehabilitating the severely handicapped would give added incentive to increasing services to the severely disabled. The pressure to produce large total numbers of rehabilitations and the temptation to serve those easiest to rehabilitate would thus be reduced.

In 1978, Berkeley Planning Associates conducted an analysis of data collected by the HEW Audit Agency for an evaluation of the implementation of key provisions of the Rehabilitation Act of 1973.

The Berkeley study reported that the priority for services to severely disabled persons is principally being defined in the States as increasing the numbers of people into the rehabilitation system rather than providing more services or priority to such clients, once in the system.

The report recommended that if the intent of Congress is that severely disabled persons receive improved services and increase their prospects for rehabilitation, much more effort is needed to insure that the severely disabled receive priority in State agency budget allocations and service delivery.

Another issue examined by Berkeley Associates was the effectiveness of rehabilitation services in securing the integration of the disabled in the labor force. They reported that while the VR program demonstrates a considerable success in helping disabled persons achieve some type of competitive employment, clients were often placed in jobs that are low paying, unstable or not in conformity with the original employment objective, notwithstanding other factors that negatively affect the employment of disabled Americans.

They concluded that if successful rehabilitation is to be achieved for more clients, an incentive must be provided for counselors to pursue services which assure that clients achieve stable employment with earnings of at least the minimum wage.

They suggested that the most promising approach to program improvement would be the introduction of a performance measure that directly appraises the quality of client services or client outcomes, such as the wage level and whether client benefits are retained over time. The report specifically recommended abandonment of the current rehabilitation success measure and the substitution of direct measures of quality such as wage level.

In 1982, GAO reviewed a sample of rehabilitated clients in five States and found that in 35 percent of the cases, there was no apparent relationship between the client's job at closure and the vocational rehabilitation services provided. In some cases, counselors closed clients' cases as unpaid homemakers when the clients failed to complete their vocational plans. Similar problems have been reported in 1973 and 1979 by the Department of Health and Human Services' internal audit agency.

GAO recommended that the administration of the vocational rehabilitation program be strengthened to provide services to individuals who have substantial handicaps to employment and can reasonably be expected to become gainfully employed.

Under current law, regardless of performance, the States receive their funds primarily according to a formula based on population and per capita income. By combining into a single category work in the competitive job market, employment in sheltered workshops, the unpaid work of homemakers and the unpaid family work, the current measure of success used by the program assigns credit on the basis of an overly simple notion of rehabilitation.

To count as a successful rehabilitation, work must last only 60 days. Program requirements were not designed to give State incentives to provide services in ways which increase their accessibility and acceptability to clients and their appropriateness and effectiveness in achieving client outcomes that promote functional and economic independence.

The Department recommends that the Congress consider changes to the Rehabilitation Act of 1973, as amended, that would advance the following principles: One, reward the States for good performance in rehabilitating severely disabled persons; two, establish a more meaningful measure of program success capable of influencing the talents and energies of State vocational rehabilitation agencies which will promote greater functional and economic independence for disabled clients; three, provide greater State flexibility in the provision of services; four, promote stricter accountability to audit standards in such areas as client eligibility and case closure standards for successful rehabilitation.

The administration is now in the process of developing proposed legislation that would advance these principles. The Department expects to transmit proposed amendments to the Rehabilitation Act to the Congress some time in March.

For the longer term, the administration proposes to turn back the vocational rehabilitation program to the States. Very shortly, the administration will transmit proposed legislation to the Congress that would give States the option of designating a number of programs for turn-back during the period 1984 through 1988.

The vocational rehabilitation program has been included in the list of programs that may be designated by participating States. While the administration believes that there are problems in the current program that may be addressed through changes in the program, such as the improvements we will be proposing, the administration continues to believe that the ultimate responsibility for providing for rehabilitation of its disabled population is one that appropriately is assumed by the States.

A number of discretionary activities are also supported under the Rehabilitation Act. The focus of these activities is on strengthening and improving service delivery in order to foster greater chances of vocational rehabilitation and independence of the handicapped person.

I would also like to address one of our special initiatives in the area of discretionary programs. As Commissioner, I have emphasized the need to create a vocational rehabilitation component in the private sector. The vehicle exists at the present time; it is called projects with industry.

It is an effective bridge between the worlds of rehabilitation and work for the purpose of providing disabled persons with training in realistic work settings to prepare them for employment in the competitive labor market.

Recently, the program has focused on linkages between rehabilitation facilities, foundations and associations with national and regional industries. The development of these linkages has expanded placement potential and brought about cooperative agreements between business, industry and rehabilitation. Approximately 10,000 persons were served in 65 projects in fiscal year 1982.

In fiscal year 1983, projects with industry will be directed to broadening the program to cover more sections of the business community, including advanced technology projects, leading to higher earnings potential for the disabled persons being served.

The emphasis on projects with industry is warranted by the program's highly visible results. In the past year alone, about 7,500 disabled individuals obtained private competitive employment through this program, with all of the revenue enhancement potential in those outcomes.

Mr. Chairman, that concludes my remarks. I would be happy to respond to questions that you or members of the committee might have. I would like to ask at this time if I could be joined at the table by Mr. Fred Sachs and Mr. Fred Windbeck, who are, respectively, the associate commissioners in rehab services for program operations, in the case of Mr. Sachs, and developmental programs in the case of Mr. Windbeck.

Program operations relates primarily to the State-Federal grant program, and the development programs relate directly to the discretionary programs.

[The prepared statement of Mr. Conn follows:]

Statement of

Mr. George A. Conn

Commissioner, Rehabilitation Services Administration

and

Acting Assistant Secretary

Office of Special Education and Rehabilitative Services

before the

Committee on Labor and Human Resources

Subcommittee on the Handicapped

U.S. Senate

February 24, 1983

Mr. Conn is accompanied by:

Dr. Douglas A. Fenderson, Director, National Institute of Handicapped Research
Mr. Joseph Dusenbury, Chairman, National Council on the Handicapped

Statement by the Commissioner, Rehabilitation Services Administration and Acting Assistant Secretary for Special Education and Rehabilitative Services

on

Reauthorization of the Rehabilitation Services Act

Mr. Chairman and Members of the Committee:

I am pleased to present testimony for the Department of Education on the subject of reauthorization of the Rehabilitation Act of 1973, as amended. The Act presently authorizes programs of the Rehabilitation Services Administration (RSA), the National Institute of Handicapped Research, and the activities of the National Council on the Handicapped.

Rehabilitation Services

The Rehabilitation Act of 1973, as amended, authorizes the allocation of Federal funds on a formula basis to States to provide services to assist disabled individuals to prepare for and engage in gainful occupations. Significant progress has been achieved over six decades to develop a service delivery system in the States to rehabilitate disabled persons.

Program Trends and Outcomes

I would like to summarize recent trends and accomplishments in the Title I Basic State Grants program.

In fiscal year 1982, 226,924 disabled persons were rehabilitated in the State-Federal program, of which 57.2 percent (129,866) were severely disabled, an all-time high. A total of 959,056 persons received rehabilitation services in 1982, of which 59.6 percent were severely disabled. The number of new active cases in 1982 was 333,954, of which 60.1 percent were severely handicapped. These services measures are, by and large, slightly lower than those for 1981, during which 138,380 severely disabled persons were rehabilitated and a total of 1,038,232 individuals received rehabilitation services. The decline is explained only partly by funding changes. Over the last several years, the program has served an increasing proportion of severely disabled individuals. These persons tend to be, regardless of cost and budget levels, more difficult and time-consuming to rehabilitate than those individuals with less severe impairments. If the proportion of severely disabled of persons served continues to rise, and we think it will, the number of severely disabled rehabilitants may well decline, no matter what our budget allocation.

The challenge today for State VR agencies is to use scarce resources in the most effective, efficient way possible; to develop new and innovative methods of cost-effective rehabilitation; to keep a tight lid on administrative costs to maximize monies devoted to direct services; and to pursue carefully other benefits for which clients may be eligible to get the most out of each rehabilitation dollar.

Rehabilitation outcomes for severely disabled persons are not as favorable as those for nonseverely disabled persons in terms of both work status and earnings at closure. This one might expect. There is, however, room for improvement in outcomes provided the severely handicapped.

For example, about three-quarters of all rehabilitants are placed in the competitive labor market; for the severely disabled the proportion is about 65 percent. In fiscal year 1981, the mean weekly earnings at closure of those severely disabled rehabilitants with earnings was $148; for the nonseverely disabled, $168. These figures understate the actual hourly wage rates since many rehabilitatd persons work only on a part-time basis. Nonetheless, over one-half of the severely disabled rehabilitants received less than the Federal minimum wage in 1981, while 21 percent received no wages at all at case closure. In the last two years, increasing proportions of the severely disabled have been engaged as unpaid homemakers.

Improvements Needed

This information and that outlined below have led us to an inescapable conclusion: current law simply does not provide adequate incentives for State rehabilitation agencies and professionals to provide services that produce lasting functional and economic independence at the highest possible levels to the most severely handicapped clients.

Several audits and evaluation reports have indicated that changes are needed in the current system to improve rehabilitation outcomes for rehabilitation clients, especially for the most severely disabled. One of the main problems identified involves the current measure of success. Counselors have traditionally been rated on the basis of the number of persons they rehabilitated. In 1976 the General Accounting Office (GAO) reported to the Senate Subcommittee on the Handicapped that since the severely disabled are more costly to rehabilitate, counselors were apprehensive about utilizing larger sums of money on services for severely disabled clients thereby rehabilitating a smaller total number of clients and potentially subjecting themselves to lower performance ratings. GAO noted that counselors reasoned that a system which accounted for the cost and difficulty of rehabilitating the severely handicapped would give added incentive to increasing services to the severely disabled. The pressure to produce large total numbers of rehabilitations and the temptation to serve those easiest to rehabilitate would thus be reduced.

In 1978 Berkeley Planning Associates conducted an analysis of data collected by the HEW Audit Agency for an evaluation of the implementation of key provisions of the Rehabilitation Act of 1973. The Berkeley study reported that the priority on the severely disabled is principally being defined by the States as letting more people into the rehabilitation system rather than providing them more services or priority once in the system. The report recommended that if the intent of the Congress is that the severely disabled receive improved services and increase their prospects for rehabilitation, much more effort is needed to insure that the severely disabled receive priority in State agency budget allocations and service delivery.

Another issue examined by Berkeley Associaties was the effectiveness of rehabilitation services in securing the integration of the disabled in the labor force. They reported that while the VR program demonstrates considerable success in helping disabled persons achieve some kind of competitive employment, clients were often placed in jobs that are low paying, unstable, or not in conformity with the original employment objectives. They concluded that if successful rehabilitation is to be achieved for more clients, an incentive must be provided for counselors to pursue services which assure that clients achieve stable employment with earnings of at least the minimum wage. They suggested that the most promising approach to program improvement would be the introduction of a performance measure that directly appraises the quality of client services or client outcomes such as the wage level and whether client benefits are retained over time. The report specifically recommended abandonment of the current "rehabilitation" success measure and the substitution of direct measures of quality such as wage level.

In 1982 the GAO reviewed a sample of rehabilitated clients in five States and found that in 35 percent of the cases there was no apparent relationship between the client's job at closure and the vocational rehabilitation services provided. In some cases counselors closed clients' cases as unpaid homemakers when the clients failed to complete their vocational plans. Similar problems have been reported in 1973 and 1979 by the Department of Health and Human Services' internal audit agency. GAO recommended that the administration of the Vocational Rehabilitation program be strengthened to provide services to individuals who have substantial handicaps to employment and can reasonably be expected to become gainfully employed.

Under current law, regardless of performance, the States receive their funds primarily according to a formula based on population and per capita income. By combining into a single category work in the competitive job market, employment in sheltered workshops, the unpaid work of homemakers, and unpaid family work, the current measure of success used by the program assigns credit on the basis of an overly simple notion of rehabilitation. To count as a successful rehabilitation, work must last only 60 days. Program requirements are not designed to give States incentives to provide services in ways which increase their accessibility and acceptability to clients and their appropriateness and effectiveness in achieving client outcomes that promote functional and economic independence.

The Department recommends that the Congress consider changes to the Rehabilitation Act of 1973, as amended, that would advance the following principles:

-- reward States for good performance in rehabilitating the severely disabled;

-- establish a more meaningful measure of program success capable of influencing the talents and energies of State vocational rehabilitation agencies which will promote greater functional and economic independence for disabled clients;

-- provide greater State flexibility in the provision of services; and

-- promote stricter accountability to audit standards in such areas as client eligibility and case closure standards for successful rehabilitations.

The Administration is now in the process of developing proposed legislation that would advance these principles. The Department expects to transmit proposed amendments to the Rehabilitation Act to the Congress some time in March.

For the longer term, the Administration proposes to turnback the Vocational Rehabililtation program to the States. This week the Administration will transmit proposed legislation to the Congress that would give States the option of designating a number of programs for turnback during the period 1984 through 1988. The Vocational Rehabilitation program has been included in the list of programs that may be designated by participating States. While the Administration believes that there are problems in the current program that may be addressed through changes in the program, such as the improvements we will be proposing, the Administration continues to believe that the ultimate responsibility for providing for rehabilitation of its disabled population is one that can appropriately be assumed by the States.

Program Development - Discretionary Projects

A number of discretionary activities are also supported under the Rehabilitation Act. The focus of these activities is on strengthening and improving service delivery in order to foster greater chances of vocational rehabilitation and independence of the handicapped person.

Rehabilitation Service Projects expand assistance to disability groups who have been underserved in the past; developing new and innovative approaches to meeting the needs of severely disabled persons; developing resources at the community level to provide comprehensive services required by disabled residents; and providing special training and employment opportunities for severely handicapped individuals. These activities include Projects with Industry, Special Projects for the Severely Disabled, Migratory Workers Projects, Services Grants to Indian Tribes, the Helen Keller National Center for the Deaf-Blind, and Client Assistance Projects. In fiscal year 1983, support will be provided for 168 projects serving 21,800 clients.

Independent Living Projects fund the establishment and operation of centers to provide services to assist severely disabled persons to live more effectively in community settings or, where appropriate, to secure and maintain employment. Centers for independent living are established and operated in local communnities and serve people with a broad range of disabilities. Discretionary grants are awarded to State agencies or to public or private agencies and organizations. In fiscal year 1982 135 center programs were supported, providing services to 18,000 severely disabled persons.

Rehabilitation Training provides training grants to assure that skilled workers are available to provide a broad scope of vocational rehabilitation services needed by handicapped individuals served by vocational rehabilitation agencies and facilities. The projects train qualified personnel in such shortage areas as job placement, vocational evaluation, rehabilitation medicine, prosthetics and orthoritics, and physical therapy. In fiscal year 1983 approximately 329 projects will be funded providing training to about 11,900 persons, including 1,850 who are in the long-term training program.

Special Initiatives

I also would like to address one of our special initiatives in the area of discretionary programs. As Commissioner, I have emphasized the need to create a vocational rehabilitation component within the for-profit sector. The vehicle exists...it is called Projects with Industry.

Projects with Industry is an effective bridge between the worlds of rehabilitation and work for the purpose of providing disabled persons with training in realistic work settings to prepare them for employment in the competitive labor market. Recently, the program has expanded its focus to rely on linkages between rehabilitation facilities and foundations and associations with national and regional industries. The development of these linkages has expanded placement potential, and brought about cooperative efforts between business, industry and rehabilitation. Approximately

10,000 persons were served in 65 projects in fiscal year 1982.

In fiscal year 1983, Projects with Industry will be directed to broadening the program to cover more sections of the business community, including advanced technology projects, leading to higher earnings potential for the disabled persons being served. The emphasis on Projects with Industry is warranted by the program's highly visible results. In the past year alone, about 7,500 disabled individuals obtained private competitive employment through this program.

Mr. Chairman, that concludes my remarks. I will now be glad to respond to questions you or members of the Committee might have.

Senator WEICKER. There is something familiar about your statement here today. The statement seems to me to be somewhat close to the block grant proposal that was originally pushed out there a year or so ago that Congress rejected. Does this again come close to that block grant proposal?

Mr. CONN. Although I have not seen the proposed legislation, Senator, it is my understanding that it differs in that it is one of a list of 20 programs that would be, over a period of time, turned back to the States on a spending-formula basis, and that the moneys would be utilized for programs for disabled persons and, in fact, would give greater flexibility to the States in the utilization of those dollars.

Senator WEICKER. Well, I think Congress has made it very clear that in certain particular areas of need, it was not very receptive to the block grant proposal. These recommendations are the first I have seen about anything specific. When do you plan to send these up to the Committee?

Mr. CONN. I cannot give you a precise time schedule on it right now, Senator. It is being considered within the Department and within the administration.

Senator WEICKER. Well, you know what is going to happen as well as I do. You are going to get a lot of people in an uproar. We have already gone through the business of Public Law 94-142; we still are going through it. Also, it is my understanding that there might be some proposed changes to 504.

Now, you indicate there are proposals coming forth for some changes in the Rehabilitation Act. I think it is very unfair to create anxiety by a massive attack on all the programs for the retarded, disabled, and handicapped among people who have anxieties enough insofar as their futures are concerned.

You know, deregulation might have, and I am sure it does have, some place in terms of reviewing everything that sits out there on the books. But it is also true that those regulations came to pass, as did the legislation come to pass, because there was a specific need to be fulfilled.

Now, I think my State of Connecticut probably is typical among most States in the Union. We do not have more money in Connecticut right now to do a bigger and better job; we have less money. Yet, the numbers increase; nobody is going to deny that. You do not deny it in your own statement. The numbers are on the increase; the money is less. Now we are going to go ahead and remove Federal oversight to some degree in this area.

I would like to know how all of this adds up to improved opportunities for the handicapped and disabled. Maybe you can explain it to me. I really do not understand; I really do not.

Mr. **CONN**. Senator, I would like to——.

Senator **WEICKER**. You see, I went through this whole general exercise. As I recall—I have got to reach back now 2 years—the Federal Government was going to get out and what needed to be done was going to be picked up by the private sector and by the State governments and by volunteerism.

That philosophy has been thoroughly discredited in the 2 years that it has dominated. Here it is, we are in the third year of this administration. Neither you nor I will dispute the numbers. I am informing you, and I think I am correctly informing you, that there is less money in the States to do any sort of a job.

Why is the job going to be better done by turning this over to the States? Is it going to be picked up by the same volunteerism in the private sector that was suppose to have done so many other things in so many other areas?

Mr. **CONN**. May I respond?

Senator **WEICKER**. Go ahead.

Mr. **CONN**. Senator, you have covered an inordinate number of subjects in your question. If I could go back and try to review them piece by piece, I view the administration's proposal as a sincere one. I regret that we do not have something for you to look at at this particular time, though that is something that is essentially out of my hands.

Senator **WEICKER**. Well, whose hands is it in?

Mr. **CONN**. It is being discussed throughout the Department of Education and in other sectors of the administration, but let me respond.

First of all, I do not think that the proposal is made with the expressed purpose of creating anxiety. There is a great deal of anxiety in the world, generally speaking, on a variety of subjects.

When you talk about hearing things that we are going to turn this over to industry, et cetera, or this over to volunteerism, et cetera, I think in the particular case of rehabilitation that, in fact, we have had a considerable degree of success in that area.

Over the past 20 years that I have been involved in a variety of activities in disability issues—problems, needs, activities, et cetera—I have seen the amount of money that is contributed through volunteerism. Programs for disabled people have grown by increasing numbers.

Whereas people were unwilling before to contribute moneys to such programs and relied almost essentially on the States themselves to provide institutional care for disabled people, that has changed quite a bit in an area that you are terribly concerned about, special recreation, among many other areas.

We are finding that as corporations in the United States and many franchise operations are finding that they have to pay increasing sums of money for workmen's compensation outlays and for third-party insurance outlays, they are becoming self-insuring and they are coming to rehabilitation programs saying, "How can we build a rehabilitation component into our self-insuring program." They have found that it is more cost-effective to build a rehabilitation program right into their own self-insurance program. That is what, among other things, we are trying to do with projects with industry.

What we are simply saying is that in the overall effort to secure the defense of this country and resolve the economic woes of the country, in some cases we are going to have to look at some social programs and see where they appropriately should be administered.

For years, both as a staff member of RSA and as Commissioner of RSA, and working in liaison with the rehabilitation program in the State of Illinois, I have heard the State directors of vocational rehabilitation say repeatedly, "We administer the programs in the States. We do not wish to have intrusions placed upon us, or controls placed upon us by the Federal Government." What we are doing is responding to that expressed——

Senator WEICKER. I am sure there are many States that do not want any controls put on them by the Federal Government.

Mr. CONN. Well, what we are trying to do, quite sincerely, Senator, is to say perhaps the time has come to say, "Here is the money; administer the program," and get the Federal Government out of the business of being involved in the administration of the program.

Incidentally, the administration is proposing no changes at all in title V of the Rehabilitation Act in any forthcoming legislation. And in the matter of section 504, I have talked personally to Bradford Reynolds, the Assistant Secretary for Civil Rights in the Justice Department. His primary concern for 504 is redundancies, inconsistencies, and some ambiguities from department to department and agency to agency, not with the fundamental philosophical concerns of section 504 of the Rehab Act.

Senator WEICKER. First of all, let me say that for those who are standing in the back of the room, I think we have some extra chairs up here.

The fact remains that the Federal Government got into this aspect of the national life because many of the States were not doing right by the disabled population within their boundaries. I wish I could say to you that human nature has changed and that all 50 States are of a mood to make sure that that does not happen. That, unfortunately, is not the case.

To just say we are going to turn over the money and let the States do it—I cannot afford even a slight half-step backward as long as one life is negatively impacted. Then, indeed, it seems to me that we have not performed our trust here in the United States Senate.

Mr. CONN. Senator, may I address that point?

Senator WEICKER. Of course you can; let me just finish.

Now, No. 1, I would recommend that if, indeed, there are changes to be made, that those be presented in specific form. Since we now have this statement on the record that there are changes to be made, they ought to be presented at the earliest possible date. To say that there are not going to be anxieties—there are going to be anxieties.

To say there is anxiety in the world—you know, I am not in charge of the world. I am in charge of this particular aspect of the law as it relates to this particular constituency.

I really mean it and I am very serious when I say that they just have plenty to deal with in their lives without having to look over their shoulder at a bunch of people screwing around in Washington, D.C., in a way that could negatively impact on them.

So, you have made your statement. You have indicated that there are changes being contemplated; you have given sort of a broad-brush description of what that change is. I want to see those things before this committee at the earliest possible date so, indeed, the entire handicapped community will have the opportunity to know what it is that is being contemplated.

Mr. CONN. It is my urgent hope that you would have that as soon as possible, Senator.

Senator WEICKER. And when do you feel that is going to be?

Mr. CONN. I cannot say when it is going to be, but I will carry the information back to the Department and the administration.

Senator WEICKER. Good, then I can tell you what you can also carry back. Since the flag has been run up and there is no way we are going to be able to turn the clock back. Those changes should be before this committee within the next month's time if, indeed, they are to get any hearing within this session of Congress.

Mr. CONN. I think the administration is cognizant of that, Senator.

Senator WEICKER. If they are not, there is not going to be any hearing. If there is no hearing, there is not going to be any legislation. Now, it would be a closed mind on my part if I did not at least hear what the administration has to offer, but we are going to do that in the most timely fashion. The most timely fashion is not to leave something hanging month after month after month, which can only be a source of concern to the people that it affects.

One month; after 1 month, forget it. We might have to forget it anyway, but I am saying 1 month. It very well might be that there is some good that will be proposed. I will say this: I think the general block grant concept is not something that is going to fare too well in the Congress.

I again have to repeat that nobody believes on this subcommittee or full committee that the necessary job will be accomplished at the State level. Nobody believes it, and I do not think they are going to believe it in the months ahead.

Is there anything further?

Mr. CONN. Well, Senator, I would like to make one comment to bring more balance to the discussion, and that is that in the 25-or-so years that I have been disabled, I have seen a difference on the part of the actions, methods, manners of implementation, and sensitivity to the needs and problems of disabled persons on the part of the State directors.

At one time, I think your remark concerning the uneveness and the compliance on the part of State directors might have had a greater degree of validity than it has now. Since I have been Commissioner over the past 2 years and in, I would say, the 6 years prior to that, there has been a dramatic change on the part of the performance and the attitude of State directors in this country in vocational rehabilitation.

There has been excessive trimming of administrative costs. We are still concerned about overall overhead. In terms of involving themselves in face-to-face discussions with constituent groups of disabled people, regardless of the category or degree of disability, or multiplicity of disability, the performance of the State directors has been outstanding in the past decade.

I think that there is a very good chance that a proposal to turn back a program of administration of vocational rehabilitation to the States would be in very, very good hands, if that were the decision of the Congress.

Senator **Weicker**. I am in fair shape to go ahead and handle anything that comes my way, and I must confess that even I feel sort of a sense of deja vu and a sense of discouragement that we are going through the whole process that took 2 years ago on Public Law 94-142.

First, there was going to be no change. Everybody said, "We are not contemplating any changes in Public Law 94-142; nobody is working on it." Then all of a sudden, boom, out come all the changes. We get revved up on that; we have the hearing and we make it very clear as to the Congress position.

The Secretary goes back, and after a great outcry on the part of not the Congress, but the people of this country, and pulls back most of the changes. Do you realize what this puts people through? I can handle it, but the burden that you are putting on a lot of other people that are just not quite in the same shape as this Senator is in, I just do not think is fair. I think that is what bothers me; it really is not, with all that they have to put up with.

Well, in any event, I want included in the record an information memorandum, U.S. Department of Education, Office of Special Education and Rehabilitative Services, information memorandum RSAIM-8241, dated September 14, 1982; subject: Transmittal of Report, Caseload Statistics, State Vocational Rehabilitation Agencies, Fiscal Year 1981. That should be included in the record in its entirety at this point.

[The material referred to follows:]

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D.C. 20202

INFORMATION MEMORANDUM
RSA-IM- 82-41
September 14, 1982

TO : STATE REHABILITATION AGENCIES (GENERAL)
STATE REHABILITATION AGENCIES (BLIND)
RSA REGIONAL COMMISSIONERS

SUBJECT: Transmittal of Report "Caseload Statistics, State Vocational Rehabilitation Agencies, Fiscal Year 1981"

The report presents a statistical summary of caseload activity in the State-Federal program of vocational rehabilitation during Fiscal Year 1981 with trends in the last decade.

In Fiscal Year 1981, the total number of persons served and rehabilitated declined from the year before, the former for the sixth consecutive year and the latter for the sixth time in seven years. The 255,881 persons rehabilitated in Fiscal Year 1981 were the fewest in twelve years. For the second year in a row, declines were noted in the number of severely disabled persons served and rehabilitated; however, their proportion among all active cases increased for all measures.

For the first time in many years, caseload patterns in individual agencies are not well represented in the report. Only three agency tables appear; they relate to total and "severe" rehabilitations, and rehabilitation rates. Data processing problems have made the presentation of more agency detail impossible. In addition to the three agency tables, there are four others arranged by State (general and blind agency data combined) which show the number of total and "severe" cases rehabilitated and served per 10,000 disabled population. The remaining 17 tables in this report display national trends only. A section of charts has been added to this year's report.

We hope the report proves useful to you as a source for the measurement of productivity in the State-Federal program in recent years.

Commissioner of Rehabilitation Services

Attachment

The Story of the State-Federal Program of Vocational Rehabilitation as Seen in Caseload Trends Through Fiscal Year 1981

SUMMARY

While there was some ambiguity in caseload trends in Fiscal Year 1980, the patterns observed in Fiscal Year 1981 were most clear. New cases, caseload levels and the number of persons served and rehabilitated all shrank to volumes last seen in the period from Fiscal Year 1969 to Fiscal Year 1971.

Even caseloads of severely disabled persons, the most important target group singled out in the Rehabilitation Act of 1973, were not spared. Their numbers, too, declined in Fiscal Year 1981 in terms of new cases, caseload levels and cases served and rehabilitated. The rate of decline for the severely disabled, however, was not as steep as for other clients, and their proportions among all clients continued to rise.

There were only two major caseload items for which increases in Fiscal Year 1981 were noted. They were persons not accepted for vocational rehabilitation services and persons not rehabilitated after having been declared eligible for services. These negative-outcome trends, combined with continuing reductions in the number of persons accepted for services and the number rehabilitated, served to produce the second lowest rate of acceptance into the rehabilitation program ever recorded, and the lowest rate of rehabilitation among active cases closed in thirty-five years. Stated briefly, individuals referred for services are now less likely to be accepted for them, and if accepted, are less likely to be rehabilitated.

NEW CASES

New cases, however defined, dropped sharply in Fiscal Year 1981 from the preceding year. Fiscal Year 1980 intakes, interestingly, were greater than in Fiscal Year 1979. With Fiscal Year 1981, however, the earlier declining trends did not merely resume, but were so extensive that, except for the small group of extended evaluation cases, they represented the lowest intakes in twelve years.

More specifically, new referrals to State agencies in Fiscal Year 1981 numbered 811,400, a loss of 100,000 from the prior year (down 10.1 percent) and the smallest such cohort since Fiscal Year 1969. At their height in Fiscal Year 1975, new referrals stood at 1,214,800.

Persons newly applying for rehabilitation services in Fiscal Year 1981 totalled 638,500, a loss of 84,000 from the year before (down 11.7 percent), also the smallest such number since Fiscal Year 1969. The all-time high in new applicants was recorded in Fiscal Year 1975 with 885,700 cases.

Applicants accepted for vocational rehabilitation services in Fiscal Year 1981 numbered 373,300 a decrease of 39,000 from the prior year (down 9.5 percent), also the smallest such intake since Fiscal Year 1969. State agencies accepted 534,500 persons for services in Fiscal Year 1975, the historical high for this caseload.

Even the typically small number of persons selected for extended evaluation to determine eligibility for basic services fell by 6,000 to 35,200, a decline of 15.0 percent. This minor caseload measure had seemed to be relatively impervious to change in recent years until the Fiscal Year 1981 experience which represented the lowest such intake in seven years.

CASELOAD LEVELS

With new cases entering State agency caseloads in heavily reduced volumes, it is not surprising that the numbers of persons in various stages of the rehabilitation process on the last day of the fiscal year have also decreased.

For example, the number of persons whose application for services had not yet been processed as of September 30, 1981 stood at 257,600, a loss of 40,000 from the same date a year earlier, or 13.3 percent. This was the smallest end-of-year balance for applicants since Fiscal Year 1969. In comparision, there were 357,700 persons in the applicant status on June 30, 1975 (the end of Fiscal Year 1975), the highest such figure recorded.

In addition, some 624,700 persons were in the active statuses on September 30, 1981, a loss of 40,000 from the same date one year earlier, or 6.1 percent. This was the smallest active caseload balance since the end of Fiscal Year 1971. On June 30, 1975, some 778,400 persons were actively being provided rehabilitation services, the all-time high level.

Even cases in receipt of extended evaluation services on September 30, 1981, declined to 27,200, a loss of 5,000 from the year before, or 15.6 percent, the lowest such level in seven years.

CASES SERVED

The number of persons spending some time in the active statuses during Fiscal Year 1981, whether or not their cases were closed out, was 1,038,200, a loss of 57,000, or 5.2 percent from the previous year. This was the lowest total since Fiscal Year 1971, and it marked the sixth consecutive year of a decline from the all-time high figure of 1,244,300 persons served in Fiscal Year 1975.

If the number of persons accepted for services in Fiscal Year 1982 does not equal the 373,300 accepted in Fiscal Year 1981 (losses in this measure have occurred in five of the last six years), then the number of persons served in Fiscal Year 1982 will fall below one million for the first time in twelve years.

OUTCOMES OF THE REHABILITATION PROCESS

While the number of persons accepted for services dropped by 9.5 percent to 373,300 in Fiscal Year 1981, as observed earlier, the number of persons turned down for services was 492,500, an increase of 0.4 percent from Fiscal Year 1980. This meant that the acceptance rate (i.e. the percent of cases processed for eligibility that were accepted for services) fell to 43.1 percent in Fiscal Year 1981 compared to 45.7 percent the year before. At 43.1 percent, Fiscal Year 1981's acceptance rate was the second lowest in the 39 years for which this statistic has been available with the previous low of 42.2 percent recorded five years earlier. For approximately twenty years from the mid-1950's to the mid-1970's the acceptance rate hovered around the fifty percent mark, but Fiscal Year 1981 was the ninth year in a row below that level.

The number of persons successfully rehabilitated in Fiscal Year 1981 was 255,900 a loss of more than 21,000 from the preceding year, or 7.7 percent. This was simultaneously the fewest number of rehabilitations since Fiscal Year 1969 and second greatest one-year decline in the history of the program which began in Fiscal Year 1921. During this sixty-year time span declines in persons rehabilitated for three or more consecutive years have occurred only four times, and two of those streaks were experienced within the last seven years. Although losses were registered in five consecutive years from Fiscal Year 1926 through Fiscal Year 1930, there never before has been a seven-year period when the number of persons rehabilitated has declined in as many as six of those seven years.

The number of persons whose cases were closed not rehabilitated in Fiscal Year 1981 was 157,800 representing an increase of 3.3 percent from the year before, one of only two key caseload statistics showing a rise. This increase, combined with the decrease in rehabilitations, led to a lowered rehabilitation rate of 61.9 percent in Fiscal Year 1981. That is, 61.9 percent of the active cases closed that year were of rehabilitated persons (and 38.1 percent of persons not rehabilitated). The rehabilitation rate in the four prior years ranged narrowly from 64.0 percent to 64.9 percent. Thus, the Fiscal Year 1981 experience represented a distinct break with the recent past for this measure. The last time that the rehabilitation rate fell below 62 percent was in Fiscal Year 1946.

CASELOADS OF SEVERELY DISABLED PERSONS

The declines noted above also affected that portion of the caseload made up of severely disabled persons; however, these declines were much less pronounced. For example, 138,400 severely disabled persons were rehabilitated in Fiscal Year 1981, a loss of more than 4,000 persons from the preceding year, or 2.9 percent (compared to a 7.7 percent decrease overall). This was the second year in a row of a decrease in this key target group and the fewest rehabilitations since Fiscal Year 1977. The severely disabled accounted for 54.1 percent of all persons rehabilitated in Fiscal Year 1981, the highest proportion observed in the eight years for which this statistic has been available.

The number of severely disabled clients provided rehabilitation services in Fiscal Year 1981, was 600,700, a loss or more than five thousand from the year before, or 0.9 percent. This was the second consecutive yearly decrease. The severely disabled comprised 57.9 percent of all persons served in Fiscal Year 1981, the highest such percentage ~~percentage~~ in the six years during which this series has been available.

The number of severely disabled persons newly accepted for services in Fiscal Year 1981 was 224,300, a decrease of only 400 from the prior year, or 0.2 percent. New severe cases have been fairly consistent in the six years of available data, ranging narrowly from 224,300 to 226,300 for five of those years. (The intake in Fiscal Year 1977 was 214,800) Of all persons newly accepted for services in Fiscal Year 1981, 60.1 percent were severely disabled. This was the highest percentage yet recorded.

As with the total caseload, an increase in severely disabled individuals not rehabilitated in Fiscal Year 1981 was noted. This number was 95,500, a gain of 4,000 over the year before, or 4.5 percent and the highest figure yet recorded. The increase in non-rehabilitations and the decrease in rehabilitations produced a lowered rehabilitation rate among the severely disabled of 59.2 percent. This was the first time the rate has dipped below 60 percent in the six years that this measure has been computed.

On September 30, 1981, there were 366,900 severely disabled persons in receipt of rehabilitation services. This was some 5,000 persons less than on the same date in the previous year, a decline of 1.4 percent. It marked the second consecutive decline in this end-of-year caseload measure and the smallest such volume in four years. Of all cases in the active statuses on September 30, 1981, 58.9 percent were of severely disabled persons, the highest such percentage enumerated in the six years of available data.

WHAT WILL THE FUTURE BRING?

All indications are that caseloads will continue their relentless contraction in Fiscal Year 1982. On September 30, 1981, there were about 45,000 fewer applicants and extended evaluation cases awaiting determination of their eligibility for services than on the same date one year earlier. Additionally, 40,000 fewer clients were in the active statuses undergoing rehabilitation on September 30, 1981 than was the case exactly one year before. When this reduction in the number of cases carried over into Fiscal Year 1982 is combined with a highly likely reduction of new cases that will enter State agency caseloads, outcomes in terms of persons who are served and rehabilitated will be further depressed.

The presumed continued reduction in new cases is arrived at by comparisons between the decline in the purchasing power of the rehabilitation dollar in recent years and similar declines in various caseload statistics. The purchasing power of rehabilitation monies reached its zenith in Fiscal Year 1975. Thereafter, effectively less money has been spent in each year in the rehabilitation program after due allowance for inflationary trends is made. From Fiscal Year 1975 to Fiscal Year 1981, the loss in purchasing power has been 30.9 percent. (The calculated purchasing power in Fiscal Year 1981 is almost equal to that in Fiscal Year 1969) Concurrent losses in rehabilitation and cases served over the same period of time have not been as great as the decline in purchasing power, only 21.0 percent in rehabilitations and 16.6 percent in cases served. Decreases in new cases, however, have been much more sensitive to the loss in purchasing power. New applicants have fallen in numbers by 27.9 percent and new accepted cases by 30.2 percent. From these results, it is inferred that budgetary restrictions of whatever origin most quickly and heavily affect the influx of new cases, while priority is given to cases already in the caseload. It is then assumed that declines in new cases will occur again in Fiscal Year 1982 because : a) $114 million in monies from the Social Security Administration spent in Fiscal Year 1981, will not be available in Fiscal Year 1982, b) Basic Support monies will, at best, be equal to those in Fiscal Year 1981, and may be considerably less, c) continued emphasis on the more expensive severely disabled case will occur, and d) inflationary trends will continue, although quite possibly at a lower rate. Therefore, the purchasing power of the rehabilitation dollar will necessarily decline in Fiscal Year 1982 and will probably impact most immediately on new cases as has been the trend in recent years. The combination of a reduced carryover of cases and reduced new cases means fewer cases served and, most likely, fewer rehabilitations.

Caseloads of severely disabled persons have, until recently, been largely shielded from the effects of declines in the purchasing power of the rehabilitation dollar and various economy measures, because increasing State agency efforts were focussed on this important group. However, their numbers too, have shrunk in the last two years, albeit at modest rates. Were State agencies to target ever higher proportions of their diminishing resources toward the severely disabled in Fiscal Year 1982, this would likely moderate the expected decline in such cases.

Senator WEICKER. Mr. Conn, thank you very much. I very much appreciate your testimony.

Mr. CONN. Thank you, Senator. Would you have any objection if I remained at the table during the testimony of Dr. Fenderson and Mr. Dusenbury?

Senator WEICKER. No, not at all. Can you just swing around to the other side so the witnesses can use the center portion?

Mr. CONN. Thank you, sir.

Senator WEICKER. The next witness is Mr. Joseph Dusenbury, Chairman of the National Council on the Handicapped. Mr. Dusenbury, it is nice to have you before the committee.

STATEMENT OF JOE S. DUSENBURY, CHAIRMAN, NATIONAL COUNCIL ON THE HANDICAPPED

Mr. DUSENBURY. Thank you very much, Senator Weicker. It is a real pleasure for me to be here and meet you after such a long time.

I first want to say that I bring greetings from the Deep South, which has not always had the greatest affinity for your State. In this instance, I would like to say that you have a lot of strong supporters in the State, and people who feel like you are doing a tremendous job for disabled people, and never before have the States been closer together.

Senator WEICKER. Thank you very much; I appreciate it.

Mr. DUSENBURY. I am an avid supporter of the civil rights of disabled persons in America. I firmly believe that our country cannot afford to lose the productivity potential of millions of able disabled who eagerly seek the opportunity to work and become taxpayers, nor can we overlook the human aspects of their individual self-fulfillment.

I am here today as the Chairman of the National Council on the Handicapped. I want to praise you and the other members of Congress for establishing the Council, and the President of the United States and the Senate for allowing me to serve as Chairman. I pledge to you the forceful effort of myself and the other members of the Council.

The National Council on the Handicapped plays an important role for the literally millions of handicapped citizens of this country. First, and perhaps foremost, the Council serves as a tangible reminder to handicapped Americans that their concerns and needs and unique situations are important to the Congress, the administration, and indeed to the country—important enough to warrant a national council dealing exclusively with their situation.

The Council brings additional recognition to issues of concern to handicapped persons because of the membership of the Council itself. The diversity of experiences, professional background, and competency of the members appointed to the Council are truly outstanding.

The selection process is designed to create a Council reflective of our Nation, from a variety of regions and with a rich background in handicapped issues. The process has, again, worked well as a review of the membership will verify. The members of the Council are competent, enthusiastic, and dedicated individuals who possess a wealth of knowledge about disability, and they also acknowledge the need to support cost-effective methods to promote independence and reduce dependence.

Since confirmation in October, the members of the Council have become acquainted with the expertise of each other and have adopted a vigorous agenda in the hopes of being able to provide at least a preliminary report by the usual deadline. We want to make a record.

Some of us have been deluged by organizations interested in the concerns of the disabled; by colleagues, and by members of the disabled community themselves who look to the Council for leadership and inspiration.

There has been considerable anxiety among the disabled community, as you indicated, caused by rumors of lack of interest or concern by their Government in programs for the handicapped. But I hope and believe that the special efforts of this Council have been effective in reassuring them of our Government's concern.

In October, I appointed a special ad hoc committee, chaired by Justin Dart, Jr., of Texas, for the purpose of identifying the special concerns of the SSDI recipients, which was given considerable attention by the media, in the hopes that the Council could communicate those concerns directly to the Commissioner of Social Security.

That effort was accepted and appreciated by both the disabled community, who recognized Justin for his long history of honest and effective communications, and by the leadership of Social Security, whom I would like to commend here for responding so quickly and in such a manner that it gave assurance to those who felt so uncomfortable about their future.

We are certain that the interest shown by this Council, which is supported by this Congress and this administration, gave hope to those who participated in that effort.

The Council is also important from the standpoint of being able to point out and/or to respond to a variety of situations and issues that are under consideration either by legislation or regulation. The opportunity to share the perceptions and reactions of handicapped Americans to such proposals should serve as a valuable sounding board for the Government.

This opportunity to preview possible reaction by the handicapped community to matters of concern has a valuable and mutually beneficial role. If properly informed of the problems and proposed actions forthcoming from Washington, the Council would be in a better position to understand and explain the intent of proposals.

Likewise, the Council could also react, respond to, seek further clarification, or perhaps make suggestions to strengthen the actions being considered prior to those same questions or reactions being raised publicly. It must be realized that questions are inevitably going to be raised on any proposals. Thus, it is logical and highly appropriate to utilize the Council for such input as may be possible.

The Council also has the unique opportunity to bring about dialog between various units or organizations of government. Interagency efforts are often less than finely tuned for maximum cooperation. At times, these efforts are directly at odds with those of other agencies.

The opportunity, via the National Council on the Handicapped, to explore areas of mutual interest should not be underestimated and, in fact, should be expanded. The first meeting of the Council serves as a prime example of the use of the Council as a forum for interagency discussions.

We have identified a number of priorities that the Council would like to address which are in addition to the responsibility concerning RSA and NIHR, which is explicitly identified in the legislation creating the Council. They will be enumerated and ranked in the annual report, but I think I should say here that there is a tremendous interest and desire of the Council to see the private sector as a partner with government in the prevention of disability, in the reduction of dependency, and in the promotion of full accessibility of the disabled community into the mainstream of American life.

In light of such interest by this administration and this Council, initial efforts have been made to recruit the loan of a professional staff member from one of the large corporations to work with the Council in the months ahead.

In summary, the National Council could play a major role in the development of a unified, consistent national policy for our handicapped citizens. We have the expertise, the interest and the commitment to translate this opportunity into reality.

I would be glad to try to answer any questions.

Senator WEICKER. Thank you very much, Mr. Dusenbury. We greatly appreciate your testimony, and also your efforts as chairman of the Council. I only have one question. What has been the communication so far between the Administration and the Council as regards these proposed changes in the Rehabilitation Act of 1973?

Mr. **Dusenbury**. Very limited.

Senator **Weicker**. I could not agree more with that portion of your statement where you say:

> If properly informed of the problems or proposed actions forthcoming from Washington, the Council would be in a better position to understand and explain the intent of proposals. Likewise, the Council could also react, respond to, seek further clarification, or perhaps make suggestions to strengthen the actions being considered prior to those same questions or reactions being raised publicly.

What I would gather from what you are saying is that it might be very helpful, if indeed changes are being contemplated in the Department at the present time, to have consultation with your Council.

Mr. **Dusenbury**. We have offered that opportunity. I think the thing that I would like to say here about this Council is, as I tried to say in the statement, they are a very effective group of people who understand rehabilitation. They also understand the plight of the disabled community. They have the confidence, in general, of the disabled community.

We have been deluged with information and we have tried to work with them in a way to identify the fact that we did want to work with the administration and with the Congress in the process of alleviating some of the fears. We think we are uniquely qualified to know about some of the duplications and some of the cost-effective things that we could do or that we could recommend. We want to do that because we know that there are areas that can be improved.

The Council stands ready to support the administration and the Congress in any effort which you would like to call on us to do.

Senator **Weicker**. Well, now, you asked, Mr. Conn, to be present while these next witnesses testified. Here is an unparalleled opportunity to have some input from Mr. Dusenbury's Council as you evolve these proposals. Do you think that might make some sense?

Mr. **Conn**. Yes, Senator.

Senator **Weicker**. Thank you very much, Mr. Dusenbury.

The next witnesses are, from the National Institute of Handicapped Research, Dr. Douglas Fenderson; in addition, we have Mr. Joseph Moriarty, whom I gather is from West Virginia. We are looking forward to your testimony, also. So, gentlemen, you proceed in any way you deem fit.

STATEMENT OF DOUGLAS A. FENDERSON, DIRECTOR, NATIONAL INSTITUTE OF HANDICAPPED RESEARCH; AND JOSEPH B. MORIARTY, DIRECTOR, WEST VIRGINIA REHABILITATION RESEARCH AND TRAINING CENTER, ON BEHALF OF THE NATIONAL ASSOCIATION OF REHABILITATION RESEARCH AND TRAINING CENTERS

Dr. **Fenderson**. Thank you, Mr. Chairman, and members of the committee. Thank you for this opportunity to present something of the exciting progress of the National Institute of Handicapped Research.

As you know, approximately one in six Americans of working age has some limitation of function or disability. The mission of

NIHR is to study the handicapping consequences of these disabilities and, through research and demonstration studies, to apply new knowledge and technology to prevent, stabilize and ameliorate such handicaps.

I would like to respond, to three questions this morning. No. 1, how have we used our 1982 appropriation? No. 2, how are we using additional funds included in the 1983 budget? And, finally, in what ways are disabled persons actually benefiting from these efforts?

There is detail in three tables following page 5, and rather than read the statement here, I would like to simply refer to those tables, in which we show that 83 percent of our budget is taken up with research and training centers and the rehabilitation engineering centers. There is a total of 43 such centers; 11 of them are comprehensive/medical; 15 are speciality oriented, including such areas as vocational, mental retardation, deafness, hearing impairments, blindness, and so forth. There are 17 centers oriented around engineering subjects.

As you can see, some 55 percent of our budget is with these comprehensive and medically oriented and speciality oriented research and training centers; 29 percent of the budget is in the 17 engineering centers.

We have a relatively small amount of money in discrete research and demonstration projects, and that does represent a problem, it seems to me, in the overall management of our portfolio of activities. A larger proportion of our budget should be allocated to investigator-initiated research.

I would like to return now to the statement in the middle of page 2. How are we using the additional funds that were made available for the 1983 year? Because of the intense competition for the funding that was available, highly qualified applicants ended up in an approved but unfunded category. This really placed in jeopardy some of the most established and productive rehabilitation research groups in the country.

As a result, we used something over $3 million to support the most meritorious of these approved but otherwise unfunded programs. We have reserved $300,000 to begin an authorized but as yet unused program of rehabilitation research fellowships, through which young and midcareer research leaders may develop new initiatives and stimulate their own professional development in areas called for in the Rehabilitation Act.

In what ways are disabled persons actually benefiting from these programs? Brain injuries resulting from traumatic accidents, stroke and other events result in serious and perplexing physical, intellectual and emotion deficits. Four major research center programs will coordinate studies on ways in which these refractory problems can be resolved. An important byproduct of this is a primary prevention campaign to reduce the incidence of such injuries.

Disabled children are benefiting from a major pediatric research and training center in which early treatment and followup is used to prevent subsequent disabling consequences.

Burn patients will benefit from the new programmatic activity looking at the long term consequences of severe burns, and attempting to limit these through advanced methods of care.

Recent advances largely supported through NIH in heart disease have raised questions about the role of rehabilitative measures with this important disease entity. We are supporting a major study of cardiac rehabilitation which takes into account the recent medical developments in this important area.

In the field of engineering and technology, exciting progress is taking place in the application of computer technology to neuromuscular and sensory impairments, including various kinds of communication aids, robotic assistance and wheelchair control systems for the severely disabled. Computer-controlled functional electrical stimulation is being used to aid and control movement, to correct spinal curvature, to alleviate pain, and experimentally now in helping to control bladder function.

There are some problems that I would simply like to allude to with regard to applications of technology. As you know, there are not great incentives to manfucturers to commercially produce some of these. There are problems with the rigorous testing for them.

Some of the disabled persons who most need them are least able to pay for them, and third-party payment is often not available for such devices. We are undertaking a major project called stimulation of industry which will seek to remove barriers to the testing and commercial production of these devices, but the troublesome economic problems with regard to their purchase and distribution will remain.

Regarding personal, economic and employment problems, obviously one of the most important problems in this country has to do with the disability provisions of the social security system. Through early intervention, we hope that one of our major demonstration projects this year will help to prevent unnecessary or untimely economic dependency. We understand, also, that social security will be supporting perhaps three contracts in this area. And through the Interagency Committee which, by law, I am required to chair, we hope that these efforts will be coordinated with our own.

Continued study of community and vocational needs of retarded persons has improved prospects for many of them.

Regarding special populations that are represented in our long-range plan, several are receiving special attention this year. We expect to support centers to study the particular problems of Native Americans, disabled residents of the Pacific Trust Territory, and of disabled elderly.

There are two components with the disabled elderly. One is the population of disabled persons who, as they are living longer, find increasing difficulty in maintaining their relative degree of independence. The other one would include all of us who, as we age, live closer to our limits and may need the kind of rehabilitative treatments, guidance and aids that would prevent unnecessary and premature dependency.

Finally, a special population, those with multiple sclerosis and similar neuropathies, are the subject of one of these center grants that will, among other things, examine the value of various rehabilitative methods.

Certainly, the utilization of the results of these efforts is an important objective of NIHR. One of our important accomplishments was to establish a National Rehabilitation Information Center, NARIC, which now includes some 7,500 completed research studies which are available by computer indexing throughout the United States, and information on some 5,000 technological devices and aids designed to assist handicapped people. Last year, the Center responded to some 12,000 requests.

A network of private self-help groups and community organizations for the disabled has been identified, through which these and other information resources of the Institute and the clearinghouse can be communicated.

Thank you for the opportunity to present this important work.

[The prepared statement of Dr. Fenderson follows:]

TESTIMONY OF DOUGLAS A. FENDERSON, DIRECTOR

NATIONAL INSTITUTE OF HANDICAPPED RESEARCH

Mr. Chairman:

It is a pleasure and honor to be here today to discuss with you the activities of the National Institute of Handicapped Research (NIHR).

As you know, nearly one in four Americans of working age has some limitation of function or some disability. The mission of the NIHR is to study the handicapping consequences of these disabilities and, through research and demonstration studies, to apply new knowledge and technology to prevent, stabilize and ameliorate such disabilities and handicaps. Just as the basic and applied bio-medical sciences have as their mission to add years to life, our mission is, through research to add life to years.

I would like to address three major questions this morning:

I. How have we used our 1982 appropriation of $28,560,000?

II. How are we using the additional $3.6 million above the President's 1983 budget request of $26,491,000? and,

III. In what tangible ways are disabled persons able to function more adequately in their personal lives as a result of these efforts?

I. The FY 1982 appropriation of $28,560,000 was distributed as follows:

	Dollars	%
Research & Training Centers	$16,229,000	54%
Rehabilitation Engineering Centers	8,154,000	27%
Research and Demonstration Projects ...	2,009,000	6.7%
Research Utilization	2,091,000	7%
International	77,000	0.3%
	$28,560,000	

The largest proportion of our budget (82%) is committed to long-term studies, involving a wide variety of disabling conditions and teams of medical technical and allied profesionals. The various types of Centers are further described by type and expenditure as follows:

Centers	No	Amount
Comprehensive Rehabilitation and Medical Centers	10	$ 8,613,423
Vocational Rehabilitation	5	2,875,342
Mental Retardation	3	1,862,291
Aging	3	843,262
Blind	2	657,924
Mental Illness	2	490,467
Deafness and Hearing Impaired	2	642,764
Independent Living	1	295,000
Functional Electrical Stimulation	2	912,000
Sensory and Communicative Systems	4	1,460,335
Spinal Cord Injury	1	561,141
Technology	8	4,394,573
Total	43	$23,608,522

Another way of examining our available resources is in relation to the major goals of NIHR as stated in the legally mandated "Long Range Plan", which was submitted to Congress in 1981. They are:

	1982		1983		1984	
	Amount	%	Amount	%	Amount	%
I. To minimize disability and maximize functional capacities	$14.2	50%	$13.6	45%	$11.9	40%
II. To improve employment prospects and alleviate problems of daily living	7.5	26.6	7.2	24	7.2	24
III. To improve the economic status and quality of services for handicapped persons	.1	.4	1.8	6	1.8	6
IV. To address populations of new concern or special emphasis	4.3	15	4.1	14	4.1	14
Support	2.4	8	3.3	11	3.3	11
Field Initiated Research (FIR)*	0	0	0	0	1.7	5
TOTALS	28.5	100	30.0	100	30.0	100

* field initiated research was implemented during FY 1983

II. How are we using the $3.6 million increase over our planned 1983 spending plan?

All of our major R&T center programs were up for competitive funding review for FY 1983. The Long Range Plan and 35 published priority areas formed the basis of this competitive process. Because of the intense competition for limited funds, some of the most productive, established research groups in this field ended up in an "approved, but not funded" category. Nearly $3 million of the additional funds are being used to preserve this irreplaceable research capacity by funding the most meritorious of these "approved, but not funded" center programs.

Through some reallotment of funds, we expect to have from $500,000 to $1,000,000 additional funds to support small investigator-initiated grants. In addition, $300,000 has been reserved to begin an authorized and badly needed program for rehabilitation research fellowships. These fellowships will permit us to develop new research initiatives and stimulate both young, as well as mid career investigators, who can make important contributions to rehabilitation research.

III. How are the results helping persons with disabilities?

Recent results and areas of rapid advancement are summarized briefly under the categories of (a) comprehensive rehabilitation and medical programs; (b) engineering and technology programs; (c) personal achievement, economic and employment programs; (d) programs for special groups of disabled persons; (e) programs to apply what we are learning; and (f) international programs.

Comprehensive Rehabilitation and Medical Programs.

o Brain injuries resulting from traumatic accidents or stroke often result in serious and perplexing physical, intellectual and emotional defects. These problems are among the most refractory in terms of self-care, independent living and vocational adjustment. Four major research center programs will coordinate studies of ways in which these problems can be resolved. An important by-product is a primary prevention campaign, supported by cooperating media, to reduce the number of such injuries.

O Disabled children are benefiting from a program of studies on early treatment and followup which aim to anticipate and prevent possible complications in subsequent years.

o Spinal cord treatment centers have agreed to a new, streamlined data collection and pooling project to assure more uniform treatments and results.

o Burn patients will benefit from studies examining the long term consequences of severe burns, and attempts to limit these through advanced methods of team care in the acute phase.

o New methods are available to study the structure and function relationships of the spine. Prevention of chronic back pain and improved early treatment and intervention to this common and expensive problem are expected results.

o Recent advances in medical and surgical treatment of heart disease have raised new questions about remaining limitations of function and the effectiveness of secondary prevention and rehabilitative measures. A five-year study of cardiac rehabilitation in this new area of improved medical-surgical treatments will provide valuable, clinically useful information.

o Continuing debate over the nature and extent of benefits derived from various physical methods of treatment such as ultra-sound, heat, and exercise requires continuing study of the appropriate use and limits of these methods. These studies continue.

Engineering and Technology

o Exciting progress is being made in the application of computer chip technology to neuromuscular and sensory impairments. This technology is also being used for: communication aids such as synthesized speech, adapted computer controls, electronic environments, robotic aids, and wheelchair control systems. Computer controlled functional electrical stimulation is being used to aid movement, strengthen spinal curvature, ameliorate pain, help control bladder function.

o Computer design of special shoes for the handicapped will soon be possible. In addition, video-computer analysis of normal and abnormal patterns of movement is leading to the design of more useful artificial limbs.

o Computer analysis of back movements is helping to identify abnormal conditions which may lead to prevention, or at least reduction, of disabling pain and loss of functional capacity. New methods to quantify objective measurements of loss of motion and strength through the use of the computer are improving the evaluation of disabled persons for improving estimates of permanent partial disability under Workers Compensation and for guiding and evaluating progress in the physical restoration of disabled persons.

o A research and training center (yet to be selected) will apply new technology to the design of a new generation of hearing aids and devices which are expected to overcome objections many users have of existing devices.

Several problems with application of rehabilitation engineering to the needs of disabled individuals need to be resolved. One, similar to the economics of the so-called "orphan drugs," is the limited economic incentives to manufacturers to produce such devices for such specialized markets. Another, is the lack of rigorous testing of prototype models before they are released. Also, there is simply lack of knowledge among prospective manufacturers of the need to manufacture such devices. Finally, the disabled persons who most need specialized adaptive equipment often are the least able to pay for it, and insurance and other third party sources usually exclude such unique devices from coverage.

We are supporting a major "stimulation of industry" study to remove the barriers to the testing and commercial production of many new devices. This will aid part of the problem, but the troublesome economic problem is likely to persist.

The vocational rehabilitation process is also benefiting from the computer revolution. Standardized assessment methods and records, readily accessible information and automated case management methods are under development and study.

Although disabled people have used specially adapted vehicles for many years, serious safety and convenience problems yet remain. We have called together the leading experts on this subject in the United States in a research conference to develop a series of "next steps" to resolve the remaining problems.

Resolving Personal, Economic, and Employment Problems

o Surely one of the most important problems of disability in the United States relates to the disability provisions of the Social Security program. There are data to suggest that, to some degree, unnecessary economic dependency has been encouraged by these provsions. Attempts to correct some of these errors have resulted in well publicized "horror stories" of severely disabled persons, no longer capable of substantial gainful employment being cut off from their only source of support.

o Attempts at vocational rehabilitation have had limited success. We have proposed a major, long-term programmatic study aimed at early intervention, to prevent unnecessary economic dependency. The Social Security Administration also will be supporting additional studies which we expect will be coordinated through our Interagency Committee on Handicapped Research.

o Recent studies of life stages in adults have helped many of us understand and cope with our changing circumstances as we grow older. This work has not been extended in a systematic way to the various disability groups. One such major study will help disabled persons understand these adult developmental stages in relation to the special circumstances associated with their disabilities.

- Job placement with disabled persons has always been a difficult challenge, but great progress has been made. Studies of how people actually get jobs, development of job-seeking skills, formation of "job clubs" and other network methods are improving placement success and giving the client a sense of participation and commitment.

- Continuing study of the community living needs and vocational problems of retarded persons are the subjects of research and development in these centers. Tangible progress has improved the prospects for many retarded citizens as a result of these ongoing studies and demonstrations.

- An innovative program to teach retarded deaf persons "street survival skills" has reported good success.

Special Populations

- Our 1983 appropriations included a note of intent regarding the special employment problems of Autistic persons. We are meeting with rehabilitation experts from around the country who are experienced with this problem as a basis for planning a suitable response to the appropriations language.

- Native Americans have had limited access to rehabilitation services, although their needs for these are higher than the population at large. A special center will study ways of overcoming the barriers to physical restoration and other rehabilitative services for this group.

- Another special population in which our efforts are developing is the elderly disabled. Two groups in this population are of interest. One is the group of disabled persons who, as they age, experience increasing difficulty in maintaining their relative independence. The other group, which will eventually include all of us, are those, who as they age, live closer and closer to their limits of physical capacity and may need rehabilitation guidance and aids to prevent premature and unnecessary dependence. We are working in this area (of the rehabilitation needs of the aged) and are collaborating with the Administration on Aging in our efforts.

° I have already mentioned the special population of disabled children and the attempts to prevent and ameliorate the long term consequences of their disabilities, but a particularly challenging set of rehabilitation concerns is with the disabled adolescent. The disabled adolescent is struggling, not only with this difficult stage of life, but the special complications often attendant to handicap. We hope one or more of our rehabilitation fellowships will be used to study additional rehabilitation needs of this particular group.

° Finally, we have just approved for funding a major study of the handicapping consequences of patients with Multiple Sclerosis and similar neuropathies. Although exciting progress is being made in understanding the nature of this disease, some 500,000 individuals are living with disabling consequences.

Results of this work should improve care for this group and help answer questions about the value of various rehabilitative theories now being used.

Applying What We Know

° NIHR has developed a National Rehabilitation Information Center (NARIC) which provides access to the results of some 7,500 research studies and other information about some 5,000 technologic aids and devices. Last year NARIC received more than 12,000 requests for information. It will soon include access to information in all current, research projects supported by the some 32 federal agencies known to have some research effort in this subject.

° Information resources are also being applied to develop groups of citizen volunteers in rural areas who will demonstrate the potential of rural networks of sharing/caring in the resolution of the special problems of the isolated rural disabled.

° We have published a very popular "Pocket Guide to Federal Help for the Disabled".

We are reactivating the legislatively mandated Interagency Committee on Handicapped Research to assure an orderly flow of information between and among the federal agencies involved in programs for the disabled.

° A network of private self-help groups and other community organizations of the disabled has been identified through which the informational resources of NIHR and the Clearinghouse on the Handicapped can be communicated.

International Programs

° We are following 30 projects in eight countries. These include cooperative studies on the rehabilitative aspects of neurological, neuromuscular, orthopaedic cardiovascular and sensory disorders, among others.

° About $110,000 in foreign currency funds were used in 1982. However, in the past 20 years the international program (previously RSA) has supported 250 research projects in 14 foreign countries for approximately $50,000,000 authorized under the special currency funds.

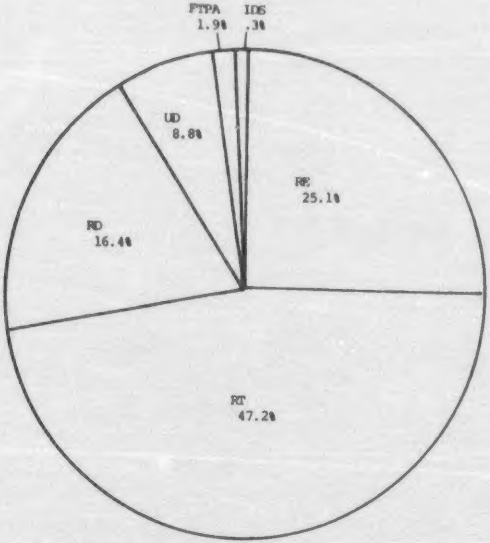
° This year some 50 American and foreign rehabilitation experts will be exchanged through our program. We are developing a bilateral agreement on a national rehabilitation advancement program in India.

° We also collaborate with other well known groups such as Partners of the Americas, Rehabilitation International and the World Rehabilitation Fund.

- Mutually beneficial results are apparent, including advances in functional electrical stimulation, prosthetic devices and development of "appropriate technology" which fits into local situations.
- Although the special foreign currency program is now very limited, we will continue to participate in scientific and technical exchanges which have done so much to lessen the impact of disability both in this country and abroad.

Thank you for this opportunity to present some of the exciting and forward looking developments on the status of our disabled citizens.

Allocation of NIHR Program Funds for FY 1983

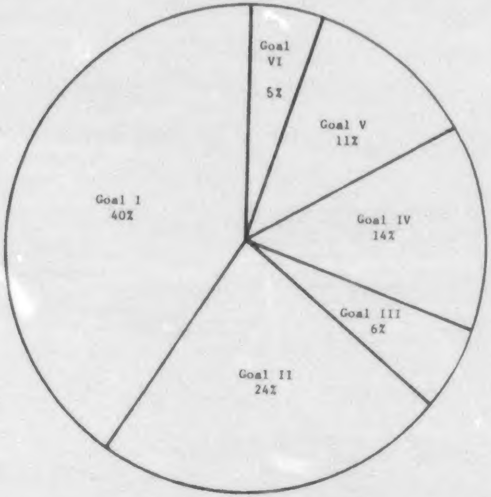


Total Appropriation - $30,060,000

Research and Training (RT) -	$14,205,000
Rehabilitation Engineering (RE) -	7,550,000
Research and Demonstration (RD) -	4,930,000
Utilization and Dissemination (UD) -	$2,675,000
International Domestic Support (IDS) -	100,000
Fellowships, Technical and (FTPA) -	600,000

Professional Assistance

Allocation of NIHR Program Funds for FY 1984



Proposed Appropriation - $30,060,000

Goal I : To minimize disability and maximize functional capacities $11,950,000*

Goal II : To improve employment and alleviate problems of daily living $7,165,000*

Goal III : To improve services and financial support $1,800,000*

Goal IV : To investigate the effect of disability among populations of new concern $4,130,000*

Goal V : Support Functions $3,360,000*

Goal VI : Field Initiated Research $1,655,000*

* Estimates

BIOGRAPHICAL SKETCH OF DOUGLAS A. FENDERSON, PH.D.

On January 21, 1983, Douglas A. Fenderson, Ph.D., was sworn in as Director of the National Institute of Handicapped Research, a part of the Office of Special Education and Rehabilitative Services.

Dr. Fenderson was nominated by the President on October 6 and confirmed by the Senate on December 16, 1982.

Prior to his appointment, Dr. Fenderson was for the last 10 years Director of the Office of Continuing Medical Education at the University of Minnesota's Medical School. At the same time, he was a professor at the University's School of Public Health and, since 1977, a scientist at the School's Center for Health Services Research. Dr. Fenderson has also been Executive Secretary of the Clinical Fellows Program of the Bush Foundation, St. Paul, Minnesota. Dr. Fenderson's Federal service includes his tenure from 1972-73 as Director of Special Programs at the National Institutes of Health's Bureau of Health Manpower Education and from 1969-71 as Branch Chief at the Center for Health Services Research.

Dr. Fenderson's extensive experience in the field of rehabilitation includes his positions as Education Director of the American Rehabilitation Foundation from 1966-69; as Chief of Rehabilitation Services for the Minnesota Division of Vocational Rehabilitation from 1958 to 1963; and as Director of Vocational Services of the Kenny Institute in Minneapolis from 1955 to 1958. In addition, he has served as a member and consultant on some 50 committees and task forces related to rehabilitation and medical education, as well as in various positions with State and national rehabilitation associations. Also, he has published nearly 50 articles on the topic.

Dr. Fenderson holds a Bachelor of Science degree in industrial engineering and master and doctoral degrees in psychology from the University of Minnesota.

Senator **Weicker**. Thank you very much, Mr. Fenderson. Now, we have Professor Moriarty. Professor, you proceed with your statement.

Dr. **Moriarty**. Mr. Chairman, my oral testimony represents the first several pages of my full written testimony, which I respectfully submit for the record.

Mr. Chairman, it is an honor for me to appear before this committee. I come here wearing three hats: first, as director of the West Virginia Rehabilitation Research and Training Center; second, as a spokesperson for the National Association of Rehabilitation Research and Training Centers, a program authorized, as you know, Mr. Chairman, and funded through the Rehabilitation Act under NIHR; third, as one interested in the broad field of rehabilitation research—clinical, medical, engineering, vocational, psychosocial and biomedical.

A hat that I will not don today is my consumer advocacy hat, being the father of two children, one born with orthopedic birth defects and another an insulin-dependent diabetic. I also serve as president of a local chapter of the American Diabetes Association.

My first hat is one of a person interested in rehabilitation research. Let me make no bones about the fact that I do represent a special interest group, to use that invidious term—those Americans with physical, mental, or emotional impairments that limit or prevent them from working or living independently. While a group with special needs and problems, is it too bold of me to point out that the extent and impact of this group is considerable?

Approximately 13.2 percent of those 18 to 64 have a work disability according to the Census Bureau; that is more than 10 million individuals. The Chamber of Commerce, in 1982, published a report stating that employers pay out $20 billion a year in workers' compensation insurance to cover the costs of work-related disability. This $20 billion, of course, gets incorporated and added to the costs of goods and services.

Social Security, in 1981, paid out $21 billion just in disability benefits under SSI and SSDI. This amount excludes costs of administration. Some economists at Rutgers University estimate the cost of disability is as high as 8 percent of the GNP.

Chart 1 attempts to show how the disability dollar, public and private combined, is spent. Only 3 cents out of that dollar goes for remediation, rehabilitation, and special education.

Why does not this pie chart show how much money is spent on rehabilitation research to improve these services? Well, because this amount is so small that regardless of how small a sliver of that pie we would draw, it would distort and exaggerate the relative proportion of that amount. For every $100 spent on disability, only 1 cent is spent for research on remediation and rehabilitation, or a 1,000-to-1 ratio.

A chronological point of view helps to clearly demonstrate this point. If you would please go to the next page, charts 2, 3, and 4 show dollars spent over time for SSDI and SSI disability payments; that is the top chart. Funding for NIH is in the middle chart, and, for NIHR, chart 4.

Now, I must point out that the scale shifts from billions of dollars in the top chart to hundreds of millions of dollars in the middle, and finally to millions of dollars in the bottom chart. So, each unit in the top chart is equal to a hundred units in chart 2, the middle one, and a thousand units in the bottom chart.

Note the trend over time; the real growth—that is, in inflation-corrected terms—in SSI and SSDI has been considerable. For NIH, the growth has kept pace with inflation, with room to spare. In the case of NIHR, the funding in 1982, in real terms, is two-thirds less than it was in 1969.

In the case of the West Virginia Research and Training Center, in the last 3 years we have seen a real decline of 30 percent due to both funding cuts and inflation.

But, of course, a case can be made that in this age of large Federal deficits, the huge erosion of rehabilitation research dollars, while regrettable, is unfortunately necessary. Now, I respectfully submit that a private business could not operate the way the Federal Government keeps its books. Accounting principles in the private sector make a sharp differentiation between borrowing for capital improvement and investment versus borrowing to meet operating or recurring expenses.

The latter is an invariant sign of financial peril. The former can represent a prudent and wise action. The Federal budget makes no such differentiation. As a result, a dollar is a dollar is a dollar. However, it appears that the Congress has at least implicitly made this differentiation in the case of NIH, NSF, and other Government-supported research and training activities. These, quite properly, are being regarded more in the nature of investments than operating or recurring expenses.

I submit that a convincing case can be made, one, to treat NIHR as other research programs. Two, I submit further that a convincing case can be made that the development of methods, procedures, devices and programs that return disabled persons to maximum vocational and personal independence makes good economic as well as humanitarian sense.

Three, such a policy embodies and furthers the national interest, not just some particular special interest. Also, failure to support such a policy has contributed, in part, to the steady rise of disability payments, be they cash or in-kind, in the form of foodstamps, subsidized housing, medical benefits, and the like.

To make this case, I will now take off my hat of one interested in rehabilitation research generally, and put on the one of director of the West Virginia Research and Training Center.

Our center is cosponsored by West Virginia University, a comprehensive, mission-oriented land grant university, and the West Virginia Division of Vocational Rehabilitation, an agency that is of similarly comprehensive scope in its delivery of rehabilitation services, featuring a residential multidisability rehabilitation center with a resident capacity of 400.

This center, with 12 acres under roof, provides the entire range of rehabilitation services—therapeutic; occupational; physical; speech; medical treatment, including physical medicine as well as all the specialities; vocational evaluation and work adjustment; vocational counseling and guidance; and psychotherapeutic services.

In addition, this center conducts vocational training in almost 20 areas, plus remedial and special education as necessary. This unique facility, plus its satellite minicenters throughout the State, combined with the community-based field program of WVDVR, constitutes a unique laboratory for our research center.

Despite its location in West Virginia, in its 13-plus years of operation the research center has emerged as, as Senator Randolph indicated earlier, a national one. The map below shows the number of continental States, shaded, in which the R&T center has conducted programs, seminars, workshops and symposia. To this must be added Alaska and Hawaii.

Our center's particular mission is the enhancement of the rehabilitation process, from referral and acceptance on to evaluation, vocational goal selection, and formulation of a plan of services to placement and followup. Because this process cuts across disabilities, the focus of WVRTC's energies is not disability-specific.

The rest of my written testimony, Mr. Chairman, tries to do essentially two things: one, to present specific, concrete examples of how research conducted within the R&T center bears in a very practical way on the effectiveness, efficiency, coverage and impact of the State-Federal program of vocational rehabilitation; two, to suggest some considerations for reauthorization language.

Thank you.

[The prepared statement of Dr. Moriarty follows:]

PREPARED STATEMENT OF JOSEPH B. MORIARTY, PH. D. NATIONAL ASSOCIATION OF REHABILITATION RESEARCH AND TRAINING CENTERS

Biographical Sketch of Dr. Joseph B. Moriarty

Joseph B. Moriarty, Ph.D., is a past President of the Research and Training Center Association. He has been with the West Virginia Research and Training Center since 1967, first as its Research Director and, since 1969, as its overall Director. He is on the faculty of West Virginia University holding joint appointments as Professor of Clinical Studies and Clinical Associate Professor in Behavioral Medicine and Psychiatry. He holds a doctorate in Clinical Psychology and is a member of the National Registry of Health Care Providers in Psychology and licensed to practice psychology in the State of West Virginia. He is a member of the American Psychological Association-Division 12, Clinical Psychology and Division 22, Rehabilitation Psychology. He has been the recipient of the Louis Ortel lectureship in vocational evaluation and the Mary Switzer Fellowship in disability. He has authored articles and texts in the field of rehabilitation with a major emphasis on methodologies for measuring functional capacities of disabled persons and application of information systems technology to rehabilitation.

Mr. Chairman, distinguished members of this Sub-Committee. It is a privilege for me to appear before you. I come here wearing three hats.

First as Director of the West Virginia Rehabilitation Research and Training Center.

Second as a spokesperson for the National Association of Rehabilitation Research and Training Centers, a program authorized and funded through the Rehabilitation Act.

Third as one interested in the broad field of rehabilitation research--clinical, medical, engineering, vocational, psychosocial and biomedical.

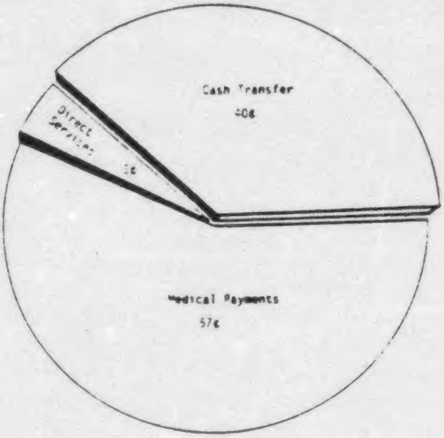
A hat that I will not don today is my consumer advocacy hat being the father of two children--one born with birth defects, another an insulin-dependent diabetic. I also serve as President of a local chapter of the Americal Diabetic Association.

The first hat is the one of a person interested in rehabilitation research. Let me make no bones about the fact that I represent a special interest group--those Americans with physical, mental or emotional impairments that limit or prevent them from working or living independently. While a group with special needs and problems, is it too bold of me to point out the extent and impact of this group is considerable?

- 13.2 percent of those 18 to 64 have a work disability according to the Census Bureau i.e., more than 10 million citizens
- The Chamber of Commerce in 1982 published a report stating that employers pay out 20 billion dollars a year in workers compensation insurance to cover the costs of work-related disability. This twenty billion of course gets incorporated in the costs of goods and services.

- Social Security in 1981 paid out $21 billion just in disability benefits under SSI and SSDI. This amount excludes costs of administration.
- Economists at Rutgers University estimate the costs of disability at 6% of GNP.

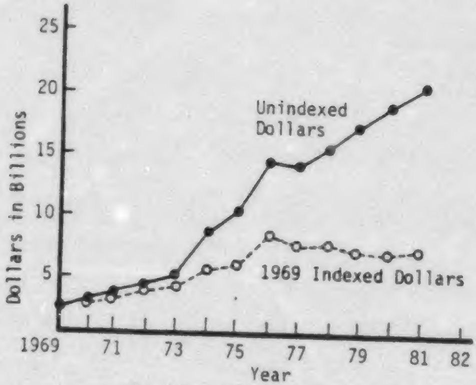
Chart 1 depicts how the disability dollar--public and private combined--is spent. Only 3 cents out of that dollar goes for remediation--rehabilitation and special education.



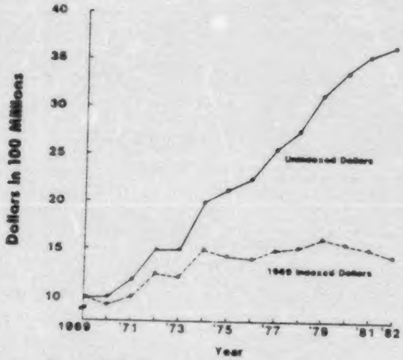
Why doesn't the chart show how much money is spent on rehabilitation research to improve those services. Because this rehabilitation amount is so small that regardless of how small a sliver of the pie we would draw, it would distort and exaggerate the relative proportion this amount represents.

For every $100 spent on disability only 1 cent is spent for research on remediation/rehabilitation or a 1000:1 ratio.

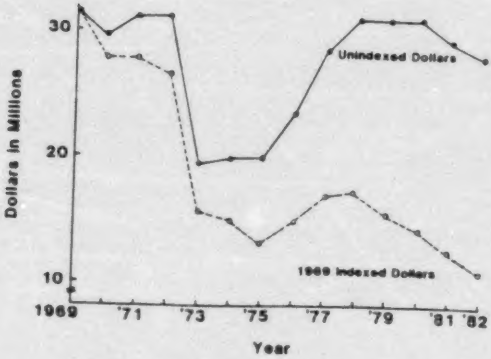
A chronological perspective helps demonstrate this point more clearly. Charts 2, 3 and 4 show dollars spent over time for SSDI and SSI disability payments (Chart 2), funding for NIH (Chart 3) and NIHR (Chart 4). The scale shifts from billion dollar units in Chart 2 to 100 million units in Chart 3, to units of one million dollars in Chart 4. So each unit in Chart 2 is equal to 100 units in Chart 3 and 1000 units in Chart 4.



Combined SSI Disability plus SSDI Payments



Annual Appropriations for NIH, 1969-82



Annual Appropriations for NIHR, 1969-82

Note the trend over time. The real growth (i.e., inflation corrected) in SSI-DI has been considerable. For NIH, the growth has kept pace with inflation with room to spare. In the case of NIHR the funding for 1982 in real terms is two-thirds less that in 1969!

In the case of the West Virginia R&T Center in the last three years has seen a real decline of 30 percent due to funding cuts and inflation.

But the case can be made that in this age of large federal deficits the huge erosion of rehabilitation research dollars while regrettable is necessary. A private business could not operate the way the federal government keeps its books. Accounting principles in the private sector maae a sharp distinction between borrow for capital improvement and investment versus borrowing to meet operating or recurring expenses. The latter is an invariant sign of financial peril. The former can represent a prudent and wise action. The federal budget makes no such distinction. As a result a dollar is a dollar is a dollar. However, it appears that the Congress has, at least implicityly, made that distinction with NIH, NSF and other government supported research regarding these, quite properly, as being more in the nature of investments and capital expenditures than operating expenses.

A convincing case can be made: (1) to treat NIHR as other research programs and institutions; (2) the development of methods, procedures, devices and programs that return disabled persons to maximum vocational and personal independence makes good economic as well as humanitarian sense; (3) Such a policy embodies and furthers the national interest not just some special interest; (4) failure to support such a policy has contributed in part to the steady rise of disability payments--be they cash or in-kind in the form of food stamps subsidized housing, medical benefits and the like.

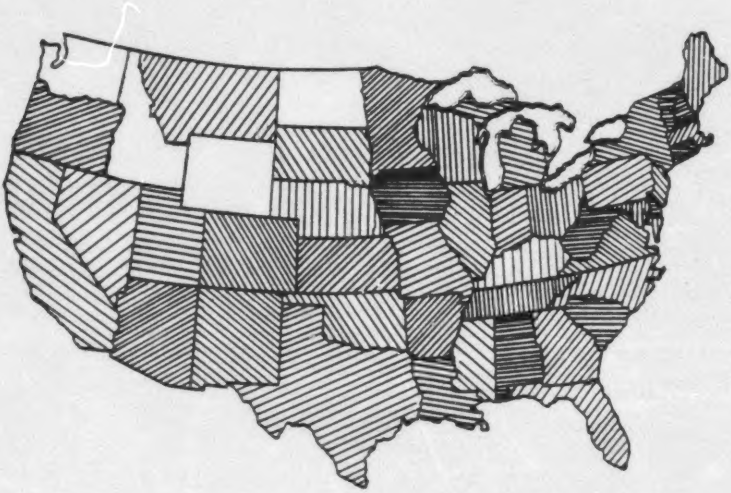
To make this case I will now take off the hat of one interested in rehabilitation research generally and put on the one of the Director of the West Virginia Research and Training Center.

West Virginia Research and Training Center

Our Center is co-sponsored by West Virginia University (WVU), a comprehensive, mission oriented land grant university and the West Virginia Division of Vocatinal Rehabilitation (WVDVR), an agency that is of similarly comprehensive in its delivery of rehabilitation services, featuring a residential multi-disability rehabilitation center with a capacity of 400. This Center, with 12 acres under roof, provides the entire range of rehabilitation services: the therapeutic--occupational, physical, speech--medical treatment including physical medicine and all the specialties, plus dentistry, vocational evaluation and work adjustment, vocational counseling and guidance and psychotherapeutic services.

In addition this Center conducts vocational training in almost 20 areas plus remedial and special education as necessary. This unique facility plus its satellite mini centers throughout the state combined with the community-based field program of WVDVR constitute a unique laboratory for WVRTC.

Despite its location in West Virginia, in its 13 plus years of operation, WVRTC has emerged as a national center. The map below shows the number of continental states (shaded) in which the R&T Center has conducted programs, seminars, workshops and symposia. To this must be added Alaska and Hawaii.



The Center's mission is enhancement of the rehabilitation process from referral and acceptance on to evaluation, vocational goal selection and formulation of a plan of services, to placement and follow-up. Because this process cuts across disabilities the focus of WVRTC's energies is not disability specific.

Ultimate Goal: WVRTC's ultimate strategic goal is improved rehabilitation of handicapped persons for employment and independent living. The Center seeks to achieve this goal through improving the decision-making capacity at three levels:

- policy formulation and modification

- program design and management to implement
- development enhancement of rehabilitation practices.

Intermediate Goal. The Center seeks to achieve its ultimate goal through the intermediate tactical goal of enhancing the service delivery systems that apply the rehabilitation process to disabled. The rationale here is that is a system even if improved by small amounts can bring large dividends through the spread of effect. The primary system we devote ourselves to is the state-federal program of vocational rehabilitation as authorized under the Rehabilitation Act. A secondary system is Worker's Compensation and a tertiary system is the Veterans' Administration rehabilitation program. We seek to enhance rehabilitation systems through increased:

- effectiveness: near-term vocational effectiveness is rehabilitation of a disabled person into employment; or getting a job; mid-term effectiveness in keeping a job and long-term effectiveness in, to the extent feasible, assisting a disabled advance in employment
- efficiency: dollar efficiency is seeing to it that rehabilitation outcomes occur at a cost that is no higher than they have to be; timeliness is that efficiency when the systems minimize delays in the rehabilitation process
- coverage: is having the systems rehabilitate the largest number of persons that resources will allow
- impact: is the reduction in welfare and related income transfer assistance that can come about as a result of a disabled person being rehabilitated.

Immediate Goal. The immediate operational goal of WVRTC is to operate a program that has four prongs:

- research: conduct of relevant and sound research
- development: creating products--manuals, training packages, television programs etc.--that the user (disabled person, counselor, VR administrator, legislator, rehabilitation educators) can understand and so apply the research
- dissemination: WVRTC conducts live national, regional, state and local seminars. In addition, it has recently entered into arrangements with cable companies for broadcasting select audiovisual programs of the Center. The Center has also developed a "narrow-casting" alternative by creating the Rehabilitation Services Network, a satellite-based dissemination effort that will be discussed shortly. Through these efforts the Center has reached an estimated 250,000 persons.

- utilization: The final prong in our operational goal is that of providing technical assistance and support to users of our products. We maintain a toll-free number that disabled persons and other users can use for receiving such assistance or inquiring about our products and services. We also do extensive on-site consultation and assistance to rehabilitation agencies, facilities and consumer groups.

The reason for maintaining an aggresive program of research, development, dissemination and utiliztion is two-fold:

- to achieve the ultimate goal of improved rehabilitation it is not sufficient to do research. If the lives of disabled persons are to be benefited research must find its way into practice.

- contrary to the popular saying, simply inventing a better mousetrap is no guarantee that the world will beat a path to your door. Rather an integrated program is needed.

There follows a brief overview of selected WVRTC initiatives in the above-referenced areas of: policy analysis, program development, and improvement of rehabilitation practice.

Policy Analysis

1. National Data Base on Disability.

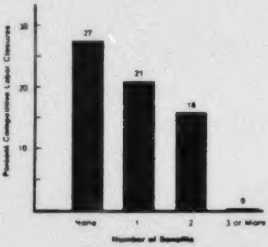
   WVRTC has developed a Computer Application Group (CAG). This group seeks to exploit the potential of the computer as a decision-aiding device. One such example is the development of national data base. The core of this data base is records of the 12 million clients which constitutes the entire population of those served in the state-federal program from 1971 to 1982. To protect privacy and confidentiality all identifying characteristics have been stripped from the files. This mammouth data base coupled with substantial analytical computer power (hardware and software) available to WVRTC, plus the knowledge of our interdisciplinary staff combine to provide a resource that is, as far as we know, the only one of its kind in the country. In addition to demographic descriptors (age, sex, disability, education, marital status, source of support), the data contain a description of the type and cost of services provided, the length of the various steps in the process for each client, whether the outcome of rehabilitation was successful, the earnings and job classification of successful rehabilitants, welfare and related assistance was reduced is also recorded as well as by what amount. WVRTC has conducted numerous analyses with these data for other R&T centers, public agencies and researchers. We have developed profiles of successful and unsuccessful rehabilitants, analyzed the nature of labor market participation of VR clients overall and can do so by disability, age, sex and by any of these over time. We can spot regional and state patterns and, thanks to supplementary data bases provided by the Department of Labor and Bureau of the Census, can assess the influence of factors like unemployment on effectiveness and efficiency of rehabilitation programs, plus pinpoint external factors that limit the ability of VR programs to achieve the coverage and impact achieved above. Due to funding cutbacks, we have had to curtail our data service to outside users and are in the process of developing a user fee arrangement to handle what previously was Center supported activity.

2. Disincentives.

The above referenced data base gave us some clues that the effectiveness of rehabilitation programs was being constrained by Social Security and other cash or cash-equivalent programs. The nub of the problem is that unemployed disabled may receive benefits that terminate when the individual returns to work even though his/her earnings are far below the market equivalent of what they had been receiving. We decided to follow-up our hypothesis with a longitudinal study over time starting with 300 clients referred to VR and then following them up to examine whether they were successfully rehabilitated. We admitted clients as they came to VR but took pains to get representation from large urban, small town and rural rehabilitation settings.

Like others, we found that those who had unemployment-contingent benefits did less well in rehabilitation. What we discovered beyond this was that the number of benefits figured prominently.

Chart 5 summarizes these findings.



Percentages of Successful Case Closures

The chart indicates that as the number of benefits a client receives at referral increases, the likihood of competitive employment decreases and becomes zero when the number of benefits exceeds two. (Food stamps would count as one benefit, as would subsidized housing or cash assistance.) These findings suggest a need to integrate disability policy into a coherent whole so that one set of policies does not undermine another. The findings also indicate how the effectiveness of rehabilitation programs can be constrained by structural features of other programs with which it must interact. Caution should be exercised in interpreting these findings as evidence for slashing benefits. Behind our charts and numbers there is a quiet but no less serious American Tragedy. Occasionally it flashes before us in dramatic form as the disabled woman in California who upon securing employment committed suicide when her Social Security benefits were terminated.She left behind an audio cassette of her last moments that was aired on CBS 60 Minutes. Or, the case we uncovered of a man who deliberately watched his badly lacerated leg turn gangrenous so that it would be amputated. This way his sick wife and children would be guaranteed the health care and subsistance he could not provide.

3. Benefit/Cost (B/C) Analysis.

WVRTC has developed and distributed a method whereby rehabilitation managers can apply this technique to components of their program. Heretofore, B/C analysis was an exotic procedure reserved for economists. What the Center did was translate this into rehabilitation terms. With the assistance of West Virginia University's Economics Department the Center developed a computationally straight-forward procedure for program use. A computerized version developed by the Center allows B/C to be applied to program components e.g. comparing the relative B/C performance of service pattern A to that of B. In this procedure rehabilitation has an additional decision analystic tool that is objective, quantitative: one that assists in assessing reasonableness of costs, aids in goal setting, planning and related resource allocation decisions. This way enhanced efficiency can be realized.

4. RADAR--Resources Allocation Decision Applied to Rehabilitation.

This is a computer based decision support system developed by the Center's Computer Application Group. It has applicability to state VR agencies as well as to workshops and facilities. It takes routinely collected information and arranges it so that factors that contribute to effective and efficient program performance can be detected. The system produces graphic output to make interpretation easier.

5. IRI (Institute on Rehabilitation Issues).

Each year the R&T Center conducts an institute devoted to an issue which the rehabilitation service community has identified as requiring development. A study group consisting of experts in the topic is assembled. This group spends a year research and developing the topic, the result being a book length publication. Selected titles in the IRI series include:

Measurement of Outcomes

Rehabilitation of Persons with Mental Illness

Program Evaluation: A Beginning Statement

Functional Assessment of Persons with Disabilities

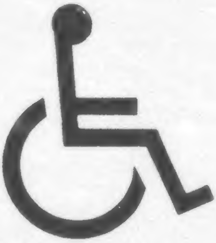
Computer Assisted Rehabilitation Service Delivery

The IRI concept is based on a timely response to expressed informational needs.

Program Development

1. RSN (Rehabilitation Services Network).

Within the Center a telecommunication application group has been formed. The access symbol pictured here has become almost synonomous with barrier removal and rehabilitation.



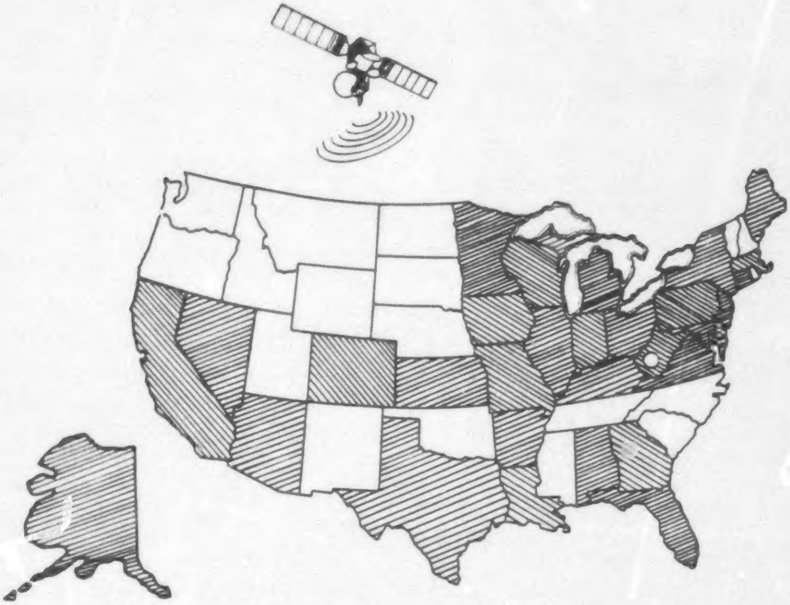
In this, the Information Age, making sure disabled persons and those who serve them have access to information in a timely cost-effective manner may be as important as access to buildings. Ignorance may be the biggest barrier of all. With this in mind, the Center's telecommunication application group formed a television satellite network, RSN. RSN has successfully ended its first experimental phase consisting of two television programs that was sent simultaneously to 14 sites (1st program) and 35 sites (2nd program). The map below shows the states that participated in the first and second programs.

The first two programs, geared to rehabilitation practitioners, demonstrated that training via satellite is both technologically and economincally feasible. The ability to call in questions live to the instructor from around the country was particularly appreciated. The technological changes in the next three years will make it possible for direct satellite reception in homes, hospitals, and rehabilitation facilities. This will open up significant opportunities for delivery of services to homebound particularly in rural areas (e.g. training, disability, self management). In anticipation of such changes, WVRTC and the American Hospital Association have begun discussions toward delivering rehabilitation training to physicians, nurses and other hospital affiliated professionals who typically know little about rehabilitation concepts and techniques.

2. Employer Development Program.

A perennial problem in the state-federal VR program has been a gap between rehabilitation system and the world of work. GAO as well as internal audits have consistently revealed such findings as: job goals being set for disabled persons in jobs that are obsolete; job stereotyping (e.g. deaf make good printers); placement of disabled persons in secondary labor market jobs marked by salaries at or close to the minimum wage and limited opportunity for promotion.

In order to enhance VR system effectiveness in this regard, WVRTC has developed the Employer Development Program. This represents a comprehensive approach whereby the agency develops the employer or intermediate client so that the ultimate client, the disabled client, can adequately be served. This program, with videotape and print manuals, trains VR staff in how to become consultants to in developing relationships with employers. In developing this relationship the VR agency extends its coverage to employees who are or who are at high risk of becoming disabled. The goal of this "preventive rehabilitation" approach is to enhance VR efficiency by closing the barn door before the horse gets loose. VR offers technical assistance in disability management, job accommodation and/or reengineering for disabled workers, re-entry assistance for the returning injured worker. An additional component in this program in consultation centering on more effective management of the industrially injured worker, timely initiation of rehabilitation with that worker so as to prevent work "de-conditioning" from setting. As more and more agencies initiate the Center's employer development system it is expected to have a positive effect on reducing or at least cutting down the growth rate of what has become the $20 billion per year tab that employers must pay for worker's compensation insurance. The payoff of Employer Development Program for VR is better understanding of labor market needs.



Map Depicting States Participating in Rehabilitation Services Network - Shaded States Indicate Participation

This proves the way to more effective vocational counseling and job goal selection, and enhancing VR's ability to provide work-ready rehabilitants to industry. As [illegible] result of having relationship with reciprocal benefit to VR and employer, the latter is more inclined to give favorable consideration to VR requests for on the job training and placement for VR clients. The relationship with employers also enhances the effectiveness of VR in placing the disabled person, seeing to it that s(he) stays employed and, where feasible, pursues upward mobility on the job.

3. Job Club.

As the employer development focuses on employer so too does the job club methodology. The Job Club, is a structured program designed to enhance skills of client in job seeking and finding, interviewing and "marketing" themselves. As a group centered method, the Club concept creates a social network that provides the source of most job leads for non-disabled and disabled alike. The WVRTC version of Job Club methodology has been found to increase placements significantly above that which otherwise would prevail.

4. Randolph-Sheppard Program.

Established in 1936 the blind vending stand program has incresed to provide a quarter of a billion dollars in yearly income to blind vending stand programs. Under a supplemental grant, WVRTC is developing a series of educational modules for each of the state representatives who have responsibility for this program. These modules are designed to strengthen skills of these key persons in consulting in the management of small business enterprise so that they can enhance the revenue producing potential of the program while at the same time maintaining its rehabilitation character.

Rehabilitation Practice.

1. Functional Assessment.

Throughout its history VR has made a distinction between medical impairment on the one hand and employability on the other. The former influences but does not determine the latter. A host of non-medical factors (e.g., motivation, education, age) mediate the effect of impairment on employability. Two persons might have identical impairments but totally different employability prospects. While this has been conceded conceptually, VR has lacked the appropriate methodology for operationally defining that distinction at the policy, program and practice levels. WVRTC has developed a practitioner-oriented instrument that will solve some of this problem.

2. Preliminary Diagnostic Questionnaire (PDQ).

The PDQ is designed for use by the field rehabilitation worker. What the general medical examination is to the practice of medicine, PDQ is to the practice of rehabilitation case work. It provides a structured, objective and quantitative assessment of a VR applicant in nine areas pivotal to employability. It reliably and validly positions the disabled on a scale showing how far the person is from employability. The development of this methodology, particularly when combined with benefit/cost analysis referenced above, can provide more realistic assessment of VR's efficiency and effectiveness, afford more appropriate bases for projecting amounts of resources required to achieve a particular outcome and the like.

Over 1000 counselors from 34 states have been trained in PDQ. One states initial experience indicates that:

* an average of $50 has been saved per case in unnecessary diagnostic costs

* timeliness of services have been enhanced with PDQ providing more rapid movement to development of client individualized plans

* a "new pride of professionalism" on the part of rehabilitation counselors has been experienced as a result of being trained in PDQ use

* agencies are anticipating an increse in program effectiveness due to a reduction in inappropriate service plans.

From an analysis of 1000 clients who have been interviewed with the PDQ, WVRTC, through application of the statistical procedure of factor analysis, has identified three major non-medical factors that appear to explain much of why individuals with the same disability may have different employability prospects.

3. Computer-Assisted Rehabilitation.

The explosion of computer technology has spawned a revolution. The WVRTC thinks that this revolution will have major implication for enhancing the efficiency and effectiveness of VR services. Access to information is a key to better management of disabled persons of their own lives, of rehabilitation workers as they participate in aiding this self management. The fusion of computers and telecommunications technology will make it possible to rethink the entire notion of homebound and cottage industries. Training and other services can be delivered through telecomputing. The WVRTC has begun the analysis of VR systems from the standpoint of its delivery enhancement potential via this new technology.

Research and Training Center Program Overall

What is it?

In 1962, Congress established the Research and Training Center program, which is currently funded under 204(b)(1) of the Rehabilitation Act. Congress mandates that Centers operate as "distinct organizational and physical entities to be operated in collaboration with institutions of higher education which have the expertise and well-developed resources for conducting multidisciplinary research and training activities. The Centers also operate in association with clinical services considered essential for carrying out a comprehensive program of patient/client care and rehabilitation services."

How has it measured up?

The Research and Training Center program was subjected to an intensive evaluation under an independent contract between RSA and Abt Associates.

The following is from the final report of this evaluation which was completed in 1977.

"We conclude that the RTC program deserves continued and elevated support. This conclusion is based on four important observations:

"The RTC Program has a sound conceptual base. The design features of the program that are especially attractive are: (1) the attachments of RTCs to universities; (2) the geographic decentralization of the RTCs; (3) the synergistic relationship of RTC research, training, and service; and (4) the emphasis on programmatic research.

"The RTC Program is exceptionally active. In examining the activities of the RTCs for a single reporting period (1975-1976) we observed that: (1) there has been 295 research projects under way; and (2) there were 569 different training events conducted in which over 48,000 trainees participated.

"The RTC Program is an effective resource magnet. For the 1975-1976 reporting period, the RTC Program was able to attract an additional 75 cents from other sources for every dollar which RSA contributed in the form of basic grants to Centers. This constitutes a very enviable return and testifies to the confidence of other funding sources in the Program. Furthermore, the universities which host the respective Centers contributed almost 175 professional full-time equivalent (FTE) staff. This means that in addition to financial dividends, RSA received a dividend of approximately 47 percent over and above its staff investment of 363 FTEs.

"The RTC Program has supplied many noteworthy innovations to the field of rehabilitation. These accomplishments are related to cardiac care; renal failure; orthopedic medicine; biomedical engineering; employment placement; program evaluation; and the psychological and social aspects of disability."

An 1980 update

In fiscal year 1980 the Centers' program conducted:

295 research projects which dealt with removing or reducing functional limitation, decreasing dependency and promoting vocational functioning.

625 training programs for 41,106 individuals who are involved in all phases of the rehabilitation process. These programs included: (1) Univiersity courses of internship/residency programs geared toward increasing the supply of skill rehabilitation professionals. These courses stimulate the development of rehabilitation related courses within the university, attracting new students to the field.

(2) Short term inservice/continuing education training designed to disseminate research, build skills of rehabilitationists and respond to an identified need.

I have addended to my testimony a brief description of selected projects to provide a flavor of the kind of research that goes on in R&T Centers. Each Center is not represented due to the constraints of time that were involved in preparing the testimony.

RTC distinguishing properties

While these individual research projects in the addendum are impressive, they do not tell the unique story of what R&T Centers are about. The argument can be made that these projects could have been conducted as discrete projects independent of R&T Centers. As the Abt evaluation noted, there are distinguishied features to the R&T Centers' program:

Synergistic relationship of R&T Centers' research, education and service: Thus service needs provide the problem for research to address and as research gets completed it is fed back to improve services through training and education.

Institutional committment: The R&T Centers have been, in fact, partnerships between universities, the consumer community, and federal government-at national and regional levels. To underscore its institutional character, Congress stipulates that R&T Centers be distinct organizational identities, thereby guarding against funds not being dissipated. As evidence of the institutional committment consider the Abt findings that 47 percent of the manpower assigned to R&T Centers come from host university support.

Programmatic characteristics of R&T Centers: R&T Centers are distinguished by there integrative approach to rehabilitation. Each R&T Center is mandated by Congress to span the above-mentioned four-fold steps of: knowledge development translation of technology, dissemination of knowledge, and technology application.

Most government supported project research stops at the first or second steps and that is why there is so much criticism of research not getting into use. The R&T Center model which Congress has mandated is beginning to be studied by experts on knowledge utilization as an example of successful utilization. I understand a recent study completed at the university of South Florida (unaffiliated with the R&T network) found that rehabilitation educators reported the number one source of new information for course revision and curriculum development to be the material that comes form R&T Centers. I know the same would be true if you polled state rehabilitation agencies.

The programmatic character of R&T Center research is also evident in the long term, sequential nature in which broad problem areas are addressed over years. This broad band approach contrasts with the narrow band, time limited nature project research.

It is not my intention to say that programmatic research is good and project research bad. They represent two different tools to approach research needs. In fact, most R&T Centers are engaged in project research. What I want to emphasize here is that Congress has mandated R&T Centers to be programmatic efforts, responsible not just for knowledge, but for use of same, not just for researching a slice of the problem, but for dealing with broad problem areas requiring many discrete studies.

R&T Centers as a network: The R&T Centers have evolved into a regionally distributed network with balance between medical, vocational, psycho-social and other special Centers, each representing important aspects of the rehabilitation enterprise. Inter-Center collaboration is evident in numerous projects thus avoiding needless duplication.

Capacity building: From the inception, Congress has made clear that a significant component of R&T Centers' mission was building regional and national rehabilitation capacity in service delivery and research. Though progress has been made, a great deal remains to be done to develop a national cadre of practitioners and researchers knowledgeable in rehabilitation and disability. Again, a clear distinction is seen between Congressional mandate for programmatic research versus project research which presumes rather than develops capacity.

CONCERNS ABOUT R&T CENTER PROGRAM

R&T Center program has been subject to sweeping changes in the federal role from the standpoint of accountability.

The R&T Center Association has nothing but all out endorsement for effective management from the federal side. Also, it endorses completely the notion that the R&T Center must be totally accountable for every cent of taxpayer funds to which Centers are entrusted. The Association is clear that assurances must be built into the management of the program so that both the substance and the appearance of responsible accountable stewardship of public funds be scrupulously maintained.

The point needs to be emphasized, however, that the form management and accountability takes must consider both what is being managed, and the goals of the management process. As in architecture, form should follow function.

(1) Automatic termination of all Centers: All Centers must terminate within 60 months of initial award regardless of how productive they are and regardless of their impact on the field. The Association feels that continuation or termination should be based not on the elapse of time but on performance.

First of all, as taxpayers we feel that Centers often can and should be terminated much earlier than 60 months when reasonable progress has not been demonstrated. Also, as taxpayers we think such an approach is wasteful when the money invested in an institution in equipment, personnel and instructional resources is shut down simply because some arbitrary date has been reached.

As researchers we can expect a 60 month deadline when we are dealing with project research. The focus of project research is narrow and the goal is typically to develop or adapt new knowledge or technology, but Congress has mandated R&T Centers to do programmatic research and to become agents of change when the research is completed.

The Association again feels that such an ambitious mandate does not fit into 60 month planning horizons.

I can personally atest to that in our own Center where right now we are getting requests for technical assistance on research that was done seven years ago. A 60 month time horizon maybe sufficient if the goal is to do project research. It is likely to be inadequate if the goal includes development, dissemination and utilization initiatives necessary to bridge the gap between research and adoption of research into practice.

It is not realistic to expect that a Center carve out major areas of programmatic research, conduct complex series of investigations around these core areas, develop the findings into practical applications, educate appropriate groups as to the use of the results and provide technical assistance to the users-and do it all in 60 months. The uncritical application of this 60 month termination cycle will de facto change the nature of the program from Congressional mandate. The program will migrate toward project research, toward research that is more narrow in scope, away from the broad programmatic areas of investigation and away from being agents of change and capacity builders.

(2) The procurement model: The federal approach to R&T Centers have shifted to one of procurement with bidding being a central component of the process. In this way of doing business, the federal government is viewed as a purchaser as it is a purchaser of, say, pencils. It publishes what its requirements are and then lets the marketplace come up with the "best" bid.

(3) Cost consequences: Shifting the R&T Center's role to that of project and its relationship to federal government to that of vendor will greatly decrease the amount of funds available for actual program performance. There will be a shifting toward overhead and indirect costs. In the past a maximum of 15 percent has been allowed for indirect costs. We have taken a masure of satisfac tion that very little of the research and training dollar goes for other than direct effort. EDGAR rules that will now be applied, that amount could increase to 50 percent or even higher. In the context of a procurer-vendor relationship indirect cost charges in that order of magnitude are understandable. What we submit, however is that in the context of the Congressional definition of what the role and the relationship ought to be, such indirect costs are unnecessarily high. We are informed that allowing for these higher fees are required to be in compliance with OMB regulations. If this is so, the Research and Training Center Association recommends that statutory language be introduced to fix the indirect cost rate at 15 percent. This way the taxpayer will know that all but a modest amount of the research and training funds will go directly to the purpose intended.

Legislative Proposals

The R&T Center Association recommends the following:

(1) Renewal of NIHR authorization at 40, 50, and 60 million dollar levels.

(2) Language that would specifically authorize comprehensive multi-disability R&T Centers not just those with a disabilitiy-specific focus.

(3) Provision that would not automatically force the termination of R&T Center grant after a fixed time period such as 60 months. The option of contimation of a Center pending comprehensive peer review and on site visitation should be expressly permitted.

(4) A cap on this amount of indirect costs on institutional sponsor of an R&T Center can charge. A return to a 15 percent figure is suggested.

(5) Language in the R&T Center reauthorization should expressly authorize training of rehabilitation personnel as a legitimate activity for R&T Center including faculty support for credit bearing and in-service educational support.

(6) The program of research training should be emphasized in addition to the fellowship program. Specific amounts should be set aside for this purpose.

(7) Specific authorization should be created to extend and enhance the conduct of a program in spinal cord injury (SCI) including projects, Research and Training Centers, model SCI Service Systems Research and Evaluation.

SAMPLING OF RESEARCH PROJECTS

TUFTS UNIVERSITY RESEARCH AND TRANING CENTER

Trauma is the leading cause of death and permanent physical disability for children in the United States. The New England Medical Center has recently entered into a joint venture with the Kiwannis Foundation of New England to form the Kiwannis New England Regional Pediatric Trauma Institute. When it opens in 1981, it will be the first of its kind. This project involves the development of a computer based trauma registry that focuses upon comprehensive rehabilitation issues, as well as acute medical-surgical ones in order to develop better awareness of the optimum and most cost effective techniques of managing the severely traumatized child. Further, with the aid of this data base we will be able to identify the most cost effective and optimum levels of medical and rehabilitative services to not only prevent disability and its consequences, but minimize the cost and long term impact of trauma in children.

The payoffs from the study are expected to be: (1) Methods to prevent impairment leading to disability; (2) reduce the cost of trauma in children; and (3) improve likelihood of vocational/social adjustment in adulthood.

NEW YORK UNIVERSITY RESEARCH AND TRANING CENTER

Rehabilitation indicators consist of assessment instruments designed to describe the functional consequences of physical and mental impairment both in terms of patterns of daily lives at home, at work and in the community and in terms of the skills needed to achieve client goals. Such functional information is intended to enhance accountability (for example, what impact does rehabilitation have on the client), case management, research and program planning. An example relevant to program planning—rehabilitation indicators data obtained from out-patient hemiplegics indicated startling levels of inactivity and isolation; this evidence was used by researchers at New York University to develop an experimental program to address these problems. Rehab indicators presently are being demonstrated in 30 settings in 10 states.

The payoff for this research is: (1) Better diagnosis of functional limitation; (2) less waste in improper services; and (3) better analysis of cost/effectiveness of services.

UNIVERSITY OF MINNESOTA RESEARCH AND TRANING CENTER

The Research and Training Center, RT-2, at the University of Minnesota, has conducted a longitudinal study on patients who have had spinal cord injuries. The study shows that renal failure need not be a significant problem of health nor cause of death it once was. When this study was initiated in 1964, medical literature contained assertations that life expectancy after spinal cord injury was only 3 years. In 90 percent of the cases death would be due to urinary tract infections leading to renal failure. This study on 300 spinal cord injury patients, many of whom have been followed 16 years, has shown that available good care preserves renal functioning within the normal range of that period of time and that the days in the hospital because of urinary infection or decubiti (bed sores) decreased from 19 days in the first years to 6 days after the 5th year. Appropriate rehabilitation and managment makes it possible for these patients to anticipate that lost time from usual activities because of illness each year, will be not much greater than the general population. Moreover, we now consider that life expectancy of these patients will also be approximately that of the general population.

The payoff from this research is: (1) Major change in life expectation for persons with cord injuries; (2) less time off the job for those returning to work; and (3) change in the way we think about persons with cord injury not as close to death but as individuals likely to enjoy a full life that should be planned for.

UNIVERSITY OF BOSTON RESEARCH AND TRAINING CENTER

Deinstitutionalization and budget cutbacks increased the numbers of psychiatrically disabled persons returning home. Historically, families have felt neglected by professionals, however, in recent times the family is gaining recognition as a positive resource of the severely mentally ill. Due to frustration with professional practices, families have formed self-help groups. A "Family Project" is designed to learn about what families need in order to improve family life. Then this knowledge will be disseminated to families and interested professionals. By improving families, professional alliances, treatment is improved. Furthermore, such an ideal is cost effective since families require no payment for learning skills to become better family caretakers.

Anticipated payoff: (1) Less dependence on outside (often tax-supported) help in the management of a pschiatrically disabled person; (2) less time off the job for those who suffer acute disturbance while employed; and (3) less disruption to family life.

UNIVERSITY OF WISCONSIN RESEARCH AND TRAINING CENTER

In the period 1966-80 the Research and Training Center at the University of Wisconsin established a field laboratory in a metropolitan community to investigate the problems of seriously disadvantaged families for whom the offspring are at high risk for mental retardation and other disability conditions of child development. An extensive epidemiologic survey showed that a major source of the problem could be targeted to certain families where the mental IQ was low and verbal skills poor. Their infants were not born retarded, but declined in intellectual performance with increasing age. It was found that the cause of this decline was the family micro environment, which if mitigated for its depressing effects, prevented mental retardation. Each family was involved in a program of comprehensive rehabilitation, which included vocational education and home management training and a program of infant cognitive stimulation. This led to increased earnings and more stable employment for the mothers, while causing significant positive changes in the way they cared for their family. The children are now performing at normal intellectual levels in school and have been placed in special programs at less than half the rate of a much poorer performing peer control group. These results have shown further that the allocation of social resources must be based on targeting certain problem families found to be at highest risk through an elaborated community screening system in order to achieve cost benefit effectiveness. This procedure has had success with rural poor and other depressed minority groups and as well as demonstrated the crucial importance of established coordination through linkages of community health and social services.

NORTHWESTERN UNIVERSITY RESEARCH AND TRAINING CENTER

Cost effectiveness of the reclining wheelchair—The adaptation of the wheelchair to recline was introduced to allow severely disabled individuals to rest and relieve pressure on the skin, thus improving chair sitting/working tolerance and preventing skin pressure ulcers. The reclining unit of the electric wheelchair, which is self-controlled, costs $2,000 to $2,500. To determine if benefits of the recliner justifies cost, a matched pair sample of recliner users and non-users was compared several years following rehabilitation discharge. C4-6 quadriplegics using the recliner had significantly fewer pressure ulcers and fewer hospital days than non-users. The expected payback period for the recliner is about eighteen months. The recliner units are cost effective.

Anticipated payoff: (1) Reduced hospital costs over the life of the cord injured; (2) reduced time off the job for those who are employed, and (3) improved health of the person.

UNIVERSITY OF WISCONSIN-STOUT RESEARCH AND TRAINING CENTER

This project blends microprocessor technology and learning curve research to develop a method for enhanced prediction of vocational capacity. This method was compared to current practice. The traditional assessment method overestimated all the client's abilities and 45 percent of the clients had an inadequate vocational deficiency. Unfortunately the learning curve analysis is very time consuming and thus not often adopted nor well understood by practitioners. Currently field testing is being conducted of a low-cost microprocessor with a complete program to train rehabilitation personnel in the learning curve analysis, plus hardware for direct recording of client performance and a software package that not only performs the learning curve analysis, but also provides for different modes of feedback to the client. In addition, the counselor and the client receive printouts of perfomance trends for counseling and career guidance purposes.

The payoff expected is (1) More appropriate vocational and career planning with disabled; (2) decrease waste in time and money on training for inappropriate vocational goals; and (3) better success rate in returning disabled to work.

UNIVERSITY OF ARKANSAS RESEARCH AND TRAINING CENTER

The personal achievement skills (PAS) program by Arkansas Rehabilitation Research and Training Center has had a significant personal and international impact. The research assistance documents its effectiveness in helping rehabilitation clients discover what they really want to do with the rest of their lives and then get started doing it. The Arkansas Center's practice of training the trainers, who then train fellow practitioners to conduct the program, has benefited over 7,000 handicapped clients. In addition, it is offered at numerous universities, colleges and counseling centers in this and other countries. The program has been reproduced in braille and cassette tape format for blind and visually impaired persons.

The payoff from the project is: (1) Improved timelines in beginning a rehabilitation plan; (2) better diagnosis of client's needs; and (3) reduced cost and delay in achieving rehabilitation.

UNIVERSITY OF COLORADO RESEARCH AND TRAINING CENTER

One of the commonly used drugs in heart disease, propranolol, blocks activity of a portion of the sympathetic nervous system. Investigators at the Research and Training Center in Cardiac Rehabilitation at the University of Colorado, studied the effect of the drug on the response to exercise conditioning, a basic activity in cardiac rehabilitation programs. The study showed that moderately high doses of propranolol markedly attenuate the aortic conditioning response. The significance of the study is two-fold. On a basic level, it appears that one must have an intact sympathetic nervous system in order to obtain a conditioning response. Secondly, the practical importance of this finding is that many persons enrolled in cardiac rehabilitation programs who are taking the drug, may not be obtaining the desired and expected benefits of exercise. Therefore, substantial money may be spent unnecessarily in rehabilitation programs in individuals who are on propranolol.

The payoff is: (1) Identifies a barrier to cardiac rehabilitation that is potentially removable; (2) pinpoints possible waste in using precious rehabilitation dollars; and (3) can hasten return to work for patients whose lack of progress is pharmacologically reduced.

TEXAS TECH UNIVERSITY RESEARCH AND TRAINING CENTER

Developing work tolerance in the severely retarded in two sheltered workshops—The purpose of this research was to find cost effective ways of improving general work skills of severely retarded adults sufficiently to be able to be enrolled in a regular sheltered work program. The research worked with groups of severely retarded adult clients who had been dropped from sheltered work programs because they could not concentrate on work tasks for more than 5 minutes, required excessive 1 on 1 supervision and disrupted with work of other clients. By using such modification to the work environment as signal lights, assistive devices which were gradually moved as training progressed, and a realistic reinforcement system tied directly to the desired general work habits, uninterrupted time spent on the job was increased from 5 minutes to 30 minutes. This was accompanied by a 300% increase in productivity. Working with groups of clients proved to be a feasible method of training work habits, and much more cost effective than 1 on 1 programming.

Payoff: (1) Decreased drop-out rate from rehabilitation program; (2) decreased cost in providing rehabilitation; and (3) substantial improvement in the productivity of severely retarded.

UNIVERSITY OF PENNSYLVANIA RESEARCH AND TRAINING CENTER

The Rehabilitation Research and Training Center in Aging at the University of Pennsylvania has as its broad research orientation the interaction of medical and psycho-social processes in increasing the likelihood of independent living among the impaired geriatric population. A focus of RT-27 is the activation and efficient use of the family as a primary rehabilitation mechanism. This will contribute to the reduction of inappropriate utilization by the impaired elderly of hospitals, rehabilitation centers, and long term care institutions.

The expected payoff is: (1) Reduce the likelihood of admissions for primarily social rather than medical reasons; (2) facilitate the rehabilitation process; and (3) maintain the rehabilitation goals achieved so as to improve the quality of life of the impaired aged and their families.

GEORGE WASHINGTON UNIVERSITY RESEARCH AND TRAINING CENTER

At the George Washington University Medical Rehabilitation Research and Training Center, RT-9, the research project entitled "Job Development and Enhanced Productivity for Severely Disabled Persons" demonstrated the feasibility of comprehensive employment for most persons with severe disabilities receiving public financial support. The financial benefits to the client and to the nation's economy were equally significant. The average starting salary for 79 clients placed in jobs was $6,565 annually. The placement cost averaged $1,827 per client. Many of these research clients were formerly considered unemployable and for the first time many of them began to contribute to the nation's economy through payment of state and federal taxes. As a result of these findings a research project entitled "Comprehensive Job Placement for State Vocational Rehabilitation Agencies" was initiated. The models are now being implemented in five states.

The payoff is: (1) reduced public assistance cost; (2) increase in productivity and taxes paid by disabled persons; (3) a cost-effective return on money spent in rehabilitation.

UNIVERSITY OF ALABAMA RESEARCH AND TRAINING CENTER

A new drug, etidronate disodium, was studied to determine its effectiveness in preventing the initial formation and post-operative recurrence of abnormal bone in patients with spinal cord injury and other severe neurological conditions. In well controlled studies, etidronate disodium was proven to be effective in preventing the formation of the abnormal bone. This Research and Training Center study provided a major portion of the data presented in FDA (Food and Drug Administration) hearings which resulted in the drug being approved for use to prevent and treat abnormal bone formation. Etidronate disodium remains as the only therapeutic agent available to prevent this serious medical complication of neurologic injury and disease.

Anticipated payoff: (1) decrease in functional limitations resulting from abnormal bone formation; (2) prevention of a post-rehabilitation decline in adjustment due to abnormal bone growth; (3) decrease cost of post-rehabilitation adjustment of rehabilitants.

UNIVERSITY OF OREGON RESEARCH AND TRAINING CENTER

A major outcome of the deinstitutionalization movement in the field of mental retardation has been the placement of severely and profoundly retarded adults in community residential settings. In order for these placements ultimately to be successful, it is necessary that residents learn and perform regularly a minimal repretoire of self-care and domestic skills. Very little instructional assistance is presently available to service providers who want to teach such skills to severely and profoundly retarded adults. Accordingly the Research and Training Center at the University of Oregon is presently implementing such a project.

The expected payoff is: (1) better diagnostic means of evaluating these skills in severely and profoundly retarded adults; (2) more efficient procedures for remediating the deficits that are identified during assessment, and (3) the availability of high quality assessment curriculum materials for wide spread dissemination and utilization.

The project will be finished in August, 1982.

BAYLOR UNIVERSITY RESEARCH AND TRAINING CENTER

The Herrington procedure is a surgical method for correcting scoliosis (curvature of the spine) that was developed at the Baylor Research and Training Center by Dr. Paul R. Herrington. Systematic follow-up studies of more than 2,500 operated patients have documented the efficiency in stopping this otherwise progressive deformity, providing a sustained improvement and spine alignment, increasing patient's working capacity by improving their cardiopulmonary function, and reducing treatment costs by shortening their duration of hospitalization. This surgical method has been extended to the treatment of spinal fractures with considerable success.

The payoff here is: (1) improved vocational outlook for those affected by scoliosis; (2) reduced health care costs through reduced hospitalization and attendant expenses; and (3) in some cases prevention of disability from occurring at all.

Senator Weicker. Thank you very much, Professor Moriarty.

Mr. Fenderson, you or Professor Moriarty might want to comment on the record of moneys available for investment in the sense of the activities of the National Institute of Handicapped Research.

The act authorizes the Institute in the sense of dissemination of information acquired through research funded by the Institute. The National Institute of Handicapped Research may enter into grants and contracts with States and public and private agencies to carry out research programs.

In your testimony, Mr. Fenderson, you indicated some of the matters that are being worked on by the Institute. In Professor Moriarty's statement, he indicates the very valid distinction between investment insofar as capital improvements are concerned and that which is just required for operating expenses.

I would say that in the case of NIHR, we are talking about an investment. In 1980, the authorization was $75 million; it was $90 million in fiscal year 1981, and there has been $35 million authorized for the last 2 fiscal years, with an actual appropriation of $28 million in fiscal year 1982 and $30 million in fiscal year 1983.

Now, that is quite a decrease from the $75 and $90 million authorized. It is about level insofar as the appropriations are concerned. But I want to know whether you feel that those levels are adequate in terms of the mission that has been given to NIHR.

Dr. Moriarty. If I could refer back to my chart, Mr. Chairman, just to maintain, in real terms, what our level was in 1969 would require—it is somewhat of a coincidence—$90 million, which was the authorization level at one time.

Senator Weicker. That would be to maintain——

Dr. Moriarty. The level of effort where we were in 1969.

Senator Weicker. 1969.

Dr. Moriarty. That is no real increase; that is just maintaining in real terms. I can tell you what the profound effect of the extra $2 million-some-odd was in this fiscal year, I guess.

As small as that amount is, it has a profound effect. You are talking about another 10 percent as far as the National Institute of Handicapped Research is concerned. It has a profound effect on the whole business of getting people interested in this area within the academic community.

I cannot put into words what a profound effect relatively trivial amounts of money have on this program.

Senator Weicker. Would you care to comment, Mr. Fenderson?

Dr. Fenderson. Specifically, we were able to salvage nine established rehabilitation research groups that would have gone out of business entirely had it not been for the additional $3.8 million in our appropriation.

Dr. Moriarty. And some of these have been around for 20 years and have an enviable track record.

Senator Weicker. So, what is your recommendation as we put together the appropriations for fiscal year 1984?

Dr. Moriarty. I would like to suggest that at the very least, authorization levels in 1984 of $40 and, in the 2 subsequent years, of $50 and $60 million be considered. Even at that, we would be two-thirds of where we were in 1969.

Senator **Weicker**. I think the point that I would like to make, which is a point that both of you are well aware of, is that in these areas of research, even though the bottom-line budgets might look improved in the sense of the cutbacks, there is going to be a terrible price to be paid in the out years for failing to make these investments now.

In your area of science, investments made now do not really show anything until 2, 3, or 4 years from now.

Dr. **Moriarty**. Exactly.

Senator **Weicker**. And if you have not made the investment, neither is that going to show in human terms until 2 or 3, or 4 years out. At that juncture, those that did not receive the help that would have been available are clearly behind and unable to catch up.

Dr. **Moriarty**. Exactly.

Dr. **Fenderson**. In fact, Mr. Chairman, one of the reasons for reserving the small amount of $360,000 to support, we hope, 10 rehabilitation research fellows is that we need seed corn for the next generation of leadership in rehabilitation research. It is a small thing, but it is an important way that we can help to stimulate the interest of very highly qualified rehabilitation research people who are on the way up.

Dr. **Moriarty**. I would also like to emphasize that we really do not have a cadre of trained researchers of any size in this field, I suspect in part because things like basic science and NIH kinds of things tend to be more exciting. The kind of work that we get involved in tends to be more blocking and tackling—basic kinds of practical sorts of research.

I do not think there are 250 to 300 scientists in the United States who really have any solid grounding in rehabilitation research; I do not think that there is even that many. I mean, they just really are not out there.

Senator **Weicker**. I have no further questions.

Senator Hatch, who is the chairman of our committee.

Senator **Hatch**. No questions. Thank you, Mr. Chairman.

Senator **Weicker**. Gentlemen, I thank you very, very much; I appreciate it.

Dr. **Moriarty**. It was my pleasure. Thank you, Mr. Chairman.

Senator **Weicker**. Maybe this lovely lady over here who has been standing on her feet and doing yeoman's service would like to sit down for a minute. We will take a break for a few minutes.

[Whereupon, a brief recess was taken.]

Senator **Weicker**. I am going to beg the indulgence of our next panel, including the commissioner of our Department of Education in Connecticut. We have the chairman with us; I know he has another appointment to go to and I would like to accommodate him, and I might add, willingly so for all the help that he has given me on this subcommittee over the years.

Senator Hatch has been a great friend of the disabled and the handicapped of this Nation. The next panel will relate to the client assistance program and includes Ms. Neva Rae Cruz, Mr. Ethan Ellis, and Mr. Hank Blandford. Now, I know Senator Hatch has a few words to say.

Senator Hatch. Well, I would like to just take a few minutes and just compliment our chairman of this subcommittee. I do not know of anyone who serves in the U.S. Senate or anywhere in this country who has a deeper commitment or feeling for the handicapped than Senator Weicker, and he has certainly been a tremendous influence on me and has really been my closest friend in this area, and I feel very deeply committed as well.

It is also my privilege to welcome and introduce Ms. Neva Cruz from my home State of Utah. Ms. Cruz brings a keen insight, Lowell, into the client assistance programs which are funded under the Rehabilitation Act because of her position as the project director at the Utah Department of Rehabilitation. So, I am very pleased, Neva, that you could be with us here today.

At this time, I would like to extend my appreciation one step further and thank Neva for her efforts as a member of my advisory committee on the handicapped, because she also has had a tremendous influence on me as well as the other members of that committee. This committee has been extremely productive and has helped us over the last number of years to bring some of the effectuated changes that have occurred and some of the helps that have occurred from our committee to the handicapped.

I might add that Ms. Cruz plays an active and crucial part as a member of that advisory committee, and I would like to welcome her here to our committee today.

Neva, I am due in the Budget Committee to question Mr. Paul Volcker, so I am going to have to leave. But I will read your remarks, and you could not have a more friendly friend than Lowell Weicker, the chairman of this subcommittee. I just want you to know that we are really happy to have you here. Thank you.

[The prepared statement of Senator Hatch follows:]

Prepared Statement of Senator Hatch

Senator Hatch. It is my privilege to welcome and introduce Ms. Neva Cruz, from my home State of Utah. Ms. Cruz brings a keen insight into the client assistance programs which are funded under the Rehabilitation Act because of her position as project director at the Utah Department of Rehabilitation. I am pleased she could join us today. At this time I would like to extend my appreciation one step further and thank her for her efforts as a member of my advisory committee on the handicapped. This committee has been extremely productive, and Ms. Cruz plays an active and crucial part as a member. I welcome Ms. Cruz and look forward to hearing her testimony as well as the others testifying today.

I am pleased to participate in this hearing as a Member of Congress who is keenly interested in reauthorization of the Rehabilitation Act. A Federal categorical program since 1920, this act rehabilitated approximately 225,900 handicapped individuals during fiscal year 1982 under the basic State grant program.

The department of rehabilitation has computed that $10.90 has been returned for every dollar invested by the Federal Government for rehabilitation of our disabled employees. This represents an additional $2.5 million which might otherwise have been lost to our economy last year.

Not only has the vocational rehabilitation program benefited disabled people by increasing the lifetime earnings by approximately $38,000 each, but it also has allowed them the opportunity to become taxpaying citizens and has decreased their need for other forms of public assistance and institutional care by approximately $68.9 million.

In its fiscal year 1981 report to Congress, the Rehabilitation Services Administration said that in the first year after case closure, people rehabilitated in fiscal year 1980 are expected to pay to Federal, State, and local goverments an estimated $211.5 million more in income, payroll, and sales taxes than they would have paid had they not been rehabilitated. That is a healthy return on our investment that can't be found from any other savings or money market fund.

Although this program has an impressive track record, 7.7 percent fewer people were rehabilitated under the basic State grant program in 1982 than in 1973. It is the sixth decline in the last 7 years and the fewest number rehabilitated in the past 12 years.

Unfortunately, this trend will probably continue. In addition to the State grant portion, other vocational rehabilitation program components also have their share of problems and imperfections. However, by conducting hearings such as the one being held here today, we can examine vocational rehabilitation's current strengths and weaknesses to determine what factors have contributed to the program's success. Because of its impressive track record, I urge my colleagues to work diligently to reauthorize an improved version of the current Rehabilitation Act at sufficient funding levels to assure high quality programs.

It is through the efforts of witnesses here today, including one from my home State, and hundreds of other experts throughout the Nation that we continue to improve the quality of life for over 36,000,000 handicapped citizens. Benefiting our disabled constituency not only assists them, but also provides an investment in America that dollars cannot measure.

Senator WEICKER. If I have any problems with you, then I go to Neva?

Senator HATCH. You go to Neva and Neva will straighten me out. [Laughter.]

That is the problem. You cannot really fight him because he has so many hooks into me, you know. Well, thanks, Lowell; we appreciate all you do.

Ms. CRUZ. Notice that we do have Senator Hatch using a cane these days, too. [Laughter.]

Senator WEICKER. Fine.

Mr. ELLIS. Neva, why do you not go ahead?

STATEMENT OF NEVA RAE CRUZ, PROJECT DIRECTOR, CLIENT ASSISTANCE PROJECTS, SALT LAKE CITY, UTAH; HANK BLANDFORD, DIVISION OF PROTECTION AND ADVOCACY, STATE OF KENTUCKY; AND ETHAN ELLIS, DEPUTY DIRECTOR, NEW JERSEY DEPARTMENT OF PUBLIC ADVOCACY

Ms. CRUZ. Thank you, Senator Hatch, and thank you, Senator Weicker.

About 10 years ago when congressional hearings for the Rehabilitation Act were being held, this Nation's handicapped citizens were beginning a coalition movement to make themselves heard as a political force. Recent technology had opened the doors for the severely disabled to participate in our communities and the Nation. We were no longer willing to stay at home and let someone else decide what was best for us. The Rehabilitation Act of 1973 responded to this handicapped-consumer movement in many important ways, and one of these was the provision for client assistance projects, or CAP's, as we call them.

CAP's were established to provide an informational resource for all vocational rehabilitation, or VR, clients and client applicants, particularly the severely disabled, and to advise them of all available benefits through the Rehabilitation Act. They were to communicate to clients in clear terms regarding how the VR program operates and to assist anyone who had difficulties in obtaining the benefits of the program.

A substantial part of the CAP work is providing information and referral services to handicapped people. In Utah, we try to handle these calls when they come in even though they may not be strictly related to the VR program. It can be very frustrating to an individual who calls number after number without getting any help. So, we try to prevent further referrals if there is any way that we can provide the necessary information.

CAP's were established to provide ombudsmen to resolve communication problems between clients and rehabilitation personnel, and to resolve them at the lowest possible level. My experience with the CAP program has shown that most of the problems are a matter of communication failure between client and counselor and can be quite easily resolved by opening those lines of communication.

The cases do not really seem to be really big matters that come before the CAP on a regular basis, but to the client or applicant who finds himself in a situation where he feels that his needs are not being met and he does not know how he can get them met, it can be quite an important process.

VR clients, particularly the severely disabled, face enough frustration in getting out and becoming productive citizens that the VR process should help to smooth the way rather than putting up additional obstacles for them.

Sometimes, counselors have taken an excessive amount of time to get the case accepted, or they have not been prompt in their followup with clients. I believe that just having a CAP in the State encourages counselors to be more effective and efficient in their work. The counselor-CAP relationship is such that counselors do better work in order to prevent the need for CAP intervention because of any failure on the part of the counselor.

Some problems are more serious in terms of the client's satisfaction and the cost of the VR program. These are situations where a client may feel that his counselor is pushing him into a vocational goal for which he has no interest. In these cases the CAP worker, who is outside of the VR administrative system, can provide an impartial, third-party review of the situation. This can be valuable to both clients and counselors. Helping clients receive appropriate vocational training not only increases client satisfaction, but it saves money that would have been spent on inappropriate training and equipment and reduces the chances that clients will return to VR for retraining.

CAP's also inform clients of the administrative appeals process and assist them through the process on request. Another function of CAP's is to print client handbooks and brochures that inform clients about the VR process, about CAP services, client rights and responsibilities, and the appeals process.

The Utah CAP sponsored a series of town meetings in the summers of 1980 and 1981 that took the VR administrative staff throughout the State, providing information on the VR and CAP services and opportunities for citizens to provide input into the system. These meetings resulted in changes to the State VR program, in response to the citizen input.

I feel that Congress acted wisely when they included client assistance projects as part of the Rehabilitation Act of 1973, and that it is very important that these projects be continued with adequate funding in the 1983 Rehabilitation Act.

VR has more than a 60-year record as a proven cost-effective program. It has provided and will continue to provide better service to handicapped citizens who are aware of their rights and are active participants in their VR programs; assuring that clients are trained for appropriate, satisfying work within their capacity will bring an even greater return for the VR dollar.

Thank you for providing me this opportunity.

[The prepared statement of Ms. Cruz follows:]

TESTIMONY

Senate Subcommittee on the Handicapped
Client Assistance Projects
Neva Rae Cruz
Salt Lake City, Utah

About ten years ago when Congressional hearings for the Rehabilitation Act were being held, the handicapped citizens of this nation were in the beginnings of a movement to join together to make themselves heard as a political force. Recent technology had opened the doors so that finally the severely disabled were able to take part in our communities and the nation. We were no longer willing to stay at home and let someone else decide what was best for us. The Rehabilitation Act of 1973 responded to this handicapped consumer movement in many important ways. One of these was the provision for Client Assistance Projects (CAPs).

CAPs were established to provide an informational resource for all vocational rehabilitation (VR) clients and client applicants, particularly the severely disabled, and to advise them of all available benefits through the Rehabilitation Act. They were to communicate to clients in clear terms regarding how the VR program operates and to assist anyone who had difficulties in obtaining the benefits of the program.

Information and referral type calls are a substantial part of the CAP work. Many people have heard about VR and call about the eligibility criteria and the location of the VR office in their area. Clients, counselors and staff from other agencies use CAP as an informational resource on Section 504 and our state civil rights law for the handicapped. Since most CAPs have working relationships with other agencies and organizations serving the handicapped, we often answer questions about Social Services, Social Security or other agencies and assist them in any way we can to get through the red tape. Even calls that are not strictly related to VR are handled whenever possible by the Utah CAP.

Often people have called three or four numbers before being referred to CAP. In those cases particularly we try to handle the problem without referring it further.

CAPs were established to resolve communication problems between clients and rehabilitation personnel and to resolve them at the lowest level possible. My 3¼ years with the program have shown that most problems can be resolved at the client-counselor level. Let me give you an example of a typical case. A young woman came into my office after talking with a VR counselor. She said the counselor had treated her all right, but she wanted to go to school and the counselor was unwilling to talk about training. When I talked with the counselor, he explained that he had taken her application, but needed to talk with the medical consultant before accepting the case for services. The counselor thought the applicant had understood that her case had to be accepted before they were ready to talk about training, but the client had not understood the process. When I called the applicant and explained the VR process and where she was in the process, she was able to understand what was happening and could work better with her counselor. The counselor was made aware of the fact that he may need to check with clients to be sure he has communicated accurately with them. Now this sounds like a small matter, and most of our cases are relatively easy to resolve. There has been a communication failure somewhere along the way. But to that client or applicant who finds himself in a situation where he feels his needs are not being met and he needs some help to get them met, it can be an important process. VR clients, particularly the severely disabled, face enough frustrations in getting out and becoming productive citizens that the VR process should be smooth flowing without built-in hindrances. I would guess that about half of the CAP workers are disabled and have at one time been VR clients. I don't think it is necessary for all CAP workers to be disabled, but I do think it gives us a better understanding of some of the fears and frustrations of the VR clients.

The example just cited was one in which the problem was a lack of communication, but sometimes counselors have taken an excessive amount of time to get the case accepted or they have not been prompt in their follow-up with clients. I believe that just having a CAP in the state encourages counselors to be more effective and efficient in their work. The counselor-CAP relationship is such that counselors do better work in order to prevent the need for CAP intervention because of any failure on the part of the counselor.

Some problems are more serious in terms of the client's future job satisfaction and cost to the VR program. One handicapped woman was rehabilitated years ago following a stroke. The VR counselor insisted that she get training in typing and even bought her a one-handed typewriter. She had no desire to work in an office and has never used her typewriter; but at that time Utah had no CAP and she did not know who could help her with her problem. She could have gone to her counselor's supervisor but she was unaware of that. Then, too some clients resist going to the supervisor because they feel that the supervisor will take the side of the counselor. Clients today who feel that they are being pushed toward an inappropriate vocational goal can call CAP. We have a toll-free telephone number that makes the project accessible to all clients throughout the state. Since CAP is outside the VR administrative system, clients can call CAP and receive an impartial third party review. Helping clients to receive appropriate vocational training and equipment not only increases client satisfaction but it saves money that would have been spent on inappropriate training and equipment and reduces the chances that clients will need to return to VR for retraining.

Another aspect of CAP services is advising clients of the administrative appeals process and assisting them through the various level of the appeal, at their request. Clients have the right and need to know that whenever decisions are made with which they are not satisfied, an orderly system for appealing the decision has been established.

In Utah, as well as many other states, has printed a client handbook that describes the VR process in a step-by-step manner and informs clients of their rights and responsibilities. In addition, we have printed brochures telling about CAP, the VR program and client rights and responsibilities. Our VR administrator has directed all VR counselors to see that everyone receives a copy of the client handbook and CAP brochure on the first visit to the office or at the time of application. The Individual Written Rehabilitation Program also lists the CAP telephone numbers. If clients are aware of CAP at the beginning of the VR process, they can feel comfortable calling CAP when they feel that a problem is present and they know there is an established process for resolving problems.

In Utah, as in some other states, there is a CAP Advisory Board. This board is made up of clients and former clients representing several regions of the state, the deaf, Native Americans, and Hispanics. At quarterly meetings these members provide consumer information and input into the rehabilitation process.

One unique feature of the Utah CAP was a series of town meetings held throughout the state in 1980 and 1981. At these meetings CAP and VR staffs presented information on CAP, eligibility criteria for VR, services available through VR, priorities of services and client rights and responsibilities. There were discussions on the VR services and number rehabilitated in each area and opportunities for citizens throughout the state to talk with VR administration and local staff. These meetings provided much public awareness of the VR program, not only through the meetings, but through sending invitations and flyers, radio announcements and newspaper articles.

Congress acted wisely in including Client Assistance Projects as a part of the Rehabilitation Act of 1973, and it is important that these projects are continued with adequate funding in the 1983 Rehabilitation Act. Vocational Rehabilitation has more than a 60 year record as a proven cost-effective program. But VR has provided and will continue to provide better service to our nation's handicapped citizens when these citizens are aware of their rights and are active participants in their rehabilitation programs. Clients who are trained for appropriate, satifying work within their capacity will bring an even greater return for the rehabilitation dollar.

Senator WEICKER. Thank you very, very much. Let me remind all of the remaining witnesses that statements in their entirety will be included in the record. I suggest that in order that all might be heard, it might be wise to synopsize some of these statements.

Please proceed, Mr. Blandford.

Mr. BLANDFORD. Thank you, Mr. Chairman, and membership. Perhaps in the interest of synopsis, let me say that a client assistance program certainly can work well, but I really must make a case for a strong and independent project performing the client assistance function. Let me tell you why.

In my work with the protection and advocacy system in Kentucky, we very often deal in informal, administrative, and legal remedies for persons with developmental disabilities. Very similar language is involved in the assistance function of a client assistance project. We work very frequently with and for, and sometimes across the table from, the Bureau for Rehabilitation Services Client Assistance Program.

I want to underscore that I have verified much of what I will say about the program in my State with the original four staff members—by the way, none of whom still functions within the program. I think there is something significant therein as well.

The Kentucky Client Assistance Office was opened in February of 1980 and has always been a part of the central office of Vocational Rehabilitation Services. Its role has always been seen as an ombudsman's office to expedite problem solution. A CAP was placed within the BRS agency in order to keep the control function of management, in the words of a former staff member, "channeled through the superintendent's office."

The role of CAP was taken out of the direct grievance process from the beginning. Project staff were instructed to inform or to refer clients for help. Presence at supervisory reviews, administrative reviews and fair hearings could only be, in the words of a previous staff member, "as a third party, a monitor or a referee."

To further quote a former professional staff member:

> The BRS agency wanted to avoid an adversarial relationship by CAP. It could work not for the client, not for the agency, but for resolution. CAP only had recommendation power anyway. Attempts would be made to refer people to Protection and Advocacy or other agencies for due process representation, if required. CAP never directly represented any client in a supervisory review, administrative review, or fair hearing.

I would like to discuss a bit its organizational evolution within my State. CAP initially enjoyed both physical and organizational separation from the Bureau for Rehab Services; it was originally located, indeed, in a different office building in our capital city of Frankfort, Ky. It was completely autonomous, although its director did report directly through the top administrative position, the superintendent for Rehab Services.

The first problem occurred when one professional staff person was hired away by the general agency and was not replaced. In the second year of operation, a second professional member was lost, again "hired away" by the major agency. In a cost-cutting move, the CAP staff was moved into the same building, with the same mailing address and the same phone number as the central agency, and the clerical support was lost in July of last year.

At that point in time, the function was broken away from direct contact with the superintendent's office and was reorganized beneath a division director. Also, at this point we had a change in superintendent while the CAP itself had lost staff and lost access to the top office. It also lost participation on the agency policy committee.

I feel like program function suffered with the loss of this autonomy, to include such typical managerial things as approvals. One research function, a form and a client satisfaction evaluation, was not approved—an artifact of CAP's position in the new organization.

The current status is such that carryover funds are only planned through May of 1983. The CAP exists in my State only as a part-time function assigned to a long-term BRS employee, who is also the fair hearings officer.

I think, illustrative of the diminished role of CAP, is that the obvious conflict of interest, that is, the fair hearings officer providing the client assistance role, has never occurred since the time she assumed both part-time functions.

The evaluative reports filed with Commissioner Conn's office would show 251 contacts in its initial year, fiscal 1980; 466 in 1981—interestingly, 63 percent required 1 day of service; and in fiscal 1982, only 102 contacts, which is less than 25 percent of the performance in the previous year. Of course, with there being now a part-time function of another long-term employee, I feel sure that there will be a further diminished evaluation report at the end of this year.

In terms of interagency relationships, I do think it is most interesting that we have never had a referral from the client assistance project that has gone to a fair hearing. Something of the fire was put out prior to our discovery of the case.

We have attempted to refer some folks to the CAP program in our State. One declined when he realized that the addresses of his counselors and their supervisors were the very same as the client assistance project. That man, by the way, has needs beyond the typical vocational ones and we still have an active pursuit of remedy for him in our office.

One woman applicant requested the monitoring assistance of CAP prior to her own supervisory review. We directly represented her. The CAP project did not contact her prior to the review and commented only when we asked them to; the outcome of the meeting was to grant a change in counselor. She complained to CAP that her cooperation from that counselor was no better than before. She was told, "That was the solution; you are stuck with the newly assigned counselor."

Again, I feel like a case can be made for some separation of the assistance-remedy function. Even on a systems level, we had made an agreement with the project to identify common problems. The very first time we did so was quite a landmark situation, however.

Our previously accepted authorization forms from clients were at this point ruled no longer applicable. We had to go through a 2-page, notarized form. In the interim, strangely, two of the clients dropped their claims against rehabilitation, and we are currently working on the nonvocational needs of the third.

In summary, I think a client assistance program for vocational rehabilitation applicants and clients is a very honorable and, in fact, necessary venture. It can do a great deal of good, but it must be independent. Lack of program autonomy creates problems that can restrict client-centered advocacy, and it can limit effective representation. At that point, remedy falls short of the intent of the Vocational Rehabilitation Act and its amendments.

I do firmly believe that persons seeking vocational rehabilitation services need a comprehensive advocacy system which can be both client-centered and independent.

[The prepared statement and additional material of Mr. Blandford follow:]

THE CLIENT ASSISTANCE PROGRAM

Prepared by Mr. Hank Blandford
Kentucky Protection and Advocacy Division
for Subcommittee on the Handicapped
10 B Russell Senate Office Building
Washington, D.C. 20510

The Protection and Advocacy System in Kentucky serves people with developmental disabilities and is part of the Public Protection and Regulation Cabinet. We have contact with other major advocacy organs in the state, to include the Bureau for Rehabilitation Services' Client Assistance Program. (CAP)

In the past two years, I have provided over 450 people with information or referral help with their requests. An additional 112 people desired assistance beyond information and referral direction. 35 of those complaints were directly related to the Bureau of Rehabilitation Services. Many of these were identified by the CAP. The exact number is elusive because the two agencies did not compare referrals in the interest of confidentiality. There are also five full/time advocacy specialists in my Division, each with some inter-agency involvement to a varying degree.

Although none of the original four CAP staff remains, I have retained a very close relationship with two of the one/time Ombudsman and have an amiable professional relationship with the others. I have discussed and verified this report with former CAP employees.

CLIENT ASSISTANCE PROGRAM (CAP)

The Kentucky Client Assistance Office was opened in February, 1980. It has always been a part of the Vocational Rehabilitation Service Providing Agency. Its role was seen as an Ombudsman's office within the agency to expedite problem solution.

The CAP was placed within the BRS agency in order to keep the control function of management, in the words of a former staff member, "channeled through the Superintendent's Office." No state regulation or statute governed the project. It wasn't mentioned in the federally approved BRS State Plan. Its only governing document was its initial grant.

Chief functions included research, investigation of gaps in services, publicity, policy recommendations, and virtually anything on behalf of clients. However, the role of the CAP was taken out of the direct grievance process. Project staff were instructed to inform or refer clients for help. Presence at supervisory reviews, administrative reviews, and fair hearings could only be, in the words of the previous CAP staff member, as "a third party, a monitor, a referee." Invitation by the client was required although no complainant to my agency ever mentioned being so informed by Rehabilitation Services. A prior professional project staff member further explained:

> The BRS Agency wanted to avoid adversarial relationship by the CAP. It could work not for the client or the agency but for resolution...CAP only had recommendation power anyway. Attempts would be made to refer people to P & A and other agencies for due process representation, if required. CAP never directly represented any client in the supervisory review, administrative review, or fair hearing.

The Kentucky Bureau of Rehabilitation Services Client Services' Handbook informs the client that:

> If you decide to have the Administrative Review, you can request a client advisor from the Client Assistance Office to sit in on the review as a third-party observer of the proceedings.

ORGANIZATIONAL EVOLUTION

The CAP initially enjoyed both physical and organization separation from the general BRS Agency. The original grant had stressed the separation as essential. As both physical and organizational control increased, the CAP was diminished in its ability to perform its functions.

Located in a different office building, in Frankfort, Kentucky, the CAP originally functioned with autonomy; its director reported directly to the Superintendent for Rehabilitation Services, BRS's top administrator. The first problem occurred when one professional staff was "hired away" by the General BRS Agency. There was no replacement. In the Project's second year of operation, a second professional was transferred to another position within the general agency. In a cost-cutting move, the CAP staff of two moved into the same building as the central office staff. In July, 1982, the CAP lost its own clerical support and was moved on to the same floor at the same address and phone number as the central agency.

Soon, the function was broken away from the Superintendent's office and reorganized beneath a Division Director. The Superintendent had again changed and the CAP had lost staff, access to the top office, and participation on the agency Policy Committee.

Program functions suffered with the loss of autonomy. Former staff report that at least one research project, a feedback form and letter, was not approved for use with project clients. Client representation continued on the limited basis which had always been permitted within the Project.

"Carry-over" funds are certain only through May, 1983. As a result, the only vestige of the CAP which remains in Kentucky is a part-time function assigned to a long-term state agency employee. The same person is the agency assigned Fair Hearings Officer. Accommodations would have to be made to avoid conflict of interest if any CAP initiated complaint went to a hearing. That this has not occurred since the reassignment of October, 1982, is an indicator of the diminished role of the current CAP.

INTER-AGENCY RELATIONSHIPS

Of the representations made by the Protection and Advocacy Division which have gone to the Administrative Review or Fair-Hearings level since P & A's inception, none has come from referral by the CAP.

One client contacted us less than one week prior to a Supervisory Review with a frantic request for representation. She had never been informed of the CAP by her counselor or agency brochure. A friend had informed her of our agency based on the agency's representation in educational cases. Her service problem was resolved following representation at a Supervisory Review and subsequent request for an Administrative Review to formalize the change in her Individualized Work Rehabilitation Plan. The adjustment came without the formal administrative negotiation and with no CAP contact.

We attempted to refer several clients to CAP. One declined contact when he realized that the Project's phone and mailing address were the same as his counselors' supervisors. Furthermore, he needed help with educational, dental, and residential services which were beyond the scope of the Vocational Rehabilitation and, hence, the CAP. We are still at work in assisting this young gentleman's pursuit of a satisfactory comprehensive remedy. Vocational Rehabilitation options are still open.

One woman applicant requested the monitoring assistance of the CAP through our agency prior to her Supervisory Review. We directly represented her. The CAP did not contact her prior to the review. The CAP representative only commented at the review when we requested it. BRS granted a change in counselor assignment and set up standards of achievement which she had to obtain prior to sponsorship. She had two or three subsequent phone calls from the CAP where she expressed problems with her new counselor. She reports:

> I was told there was nothing I could do, that I was stuck with the newly assigned counselor.

She subsequently moved to a different district jurisdiction and is seeking remedy through the Community Mental Health/Mental Retardation Center service system under Title XIX Medical Assistance Coverage. She will reapply for Vocational Rehabilitation services this spring.

On the system's level, our Advisory Board met with policy-making administrative rehabilitation staff over a change in policy regarding sponsorship for sheltered-workshop services. The policy seemed to exclude some "lower functioning" people and, thus, moved away from the population described as developmentally disabled. No change in policy was forthcoming, but an enhanced relationship with the CAP was promised. At first, BRS wanted all names and all correspondence pertinent to our complaints with any rehabilitation problem. This was modified in the interest of client confidentiality and respect for clients' direction of the scope of intervention.

The first set of complaints which was handled under the new cooperative agreement was a landmark. With client permission, the CAP was initially notified of potential disagreements with BRS counselors. We were subsequently notified that our agency's formerly adequate release forms would no longer be honored. Each of the three referrals to CAP was returned for notarized, two-paged documentation of representation. In the interim, one client decided to back down on his complaint, one decided to focus on residential aspects of her problem and not to proceed with vocational rehabilitation, and a third claim is still pending resolution. The CAP had become a virtual "intelligence" network aiding the agency to prepare itself for problems.

SUMMARY

A Client Assistance Program for Vocational Rehabilitation applicants and clients is an honorable venture and greatly needed by persons with disabilities. Lack of program autonomy creates problems which restrict client-centered advocacy and limits effective representation. Remedy thus falls short of the intent of the service provisions of the Vocational Rehabilitation Act and its ammendments. Persons seeking Vocational Rehabilitation Services need a comprehensive advocacy system which can be both client-centered and independent.

Interviews of 2/11/83 and 2/14/83 with former Client Assistance Project staff

The original grant specified four major functions of the client assistance office.

1. Information and Referral Services of the office for interested people to call in.

2. Investigation, they had investigative powers.

3. Recommendation, which meant recommending to the state agency head any changes in policy or systems.

4. Publicizing client assistance office.

One of the four major functions was publicizing. We did that by mass mail outs. In the beginning we mailed out notification to all counselors and put in the counselor's manual to get the agency staff notified and then we mailed to every active client a letter explaining what client assistance was and how they avail themselves to the office. That is how we primarily got out. We mailed also to some forty handicapped organizations, both private and public, notifying them of our services for people needing such services.

Question: When was the origination date?

Answer: February, 1980.

Question: Tell me something about how you were organized in those early days. (number of people and to whom CAP would report)

Answer: The organization in the beginning was that the director reported directly to Mr. Hopkins, the State Agency Bureau Head. His title was Assistant Superintendent of Public Instruction in charge of the agency.

Question: How large was the staff of the original project?

Answer: Four, a project manager and two client advisors and then we split the state up into two regions, east and west, and one was assigned to clients in the eastern part and one to the west and then we, of course, had the secretary.

Question: All four folks would have come from the original Federal grant money?

Answer: Yes, all four.

Question: Can you give me in your own words a bit of a history of how you went from that organization and that staff size to what evolved through September of last year?

Answer: We first had a separate office located in a separate facility and had four personnel. They came on board, I think, the last one in April of 1980. We located the office and outfitted it. I believe it was in September of 1980 they had an opening in Central Office and Mr. Hopkins asked if there was any way that one could be relieved of duty from client assistance and hold that position open to see whether CAP could function with three personnel and get the job done. So one staff accepted a position with Re-Hab and CAP was down to three. The position was not filled at that time because there was a state hiring freeze. Later, CAP moved to the Towers I think in February of 1981. The central BRS offices were on a different floor of the Towers building. CAP was informed that due to reduction in personnel and due to the program the Governor had in effect that another staff person should look around for another job because probably as of the beginning the fiscal year in the fall that there would not be the option of looking around. The cutbacks also applied to the CAP program as well. At the same time CAP was scheduled to be brought to the first floor with Re-Hab and share secretarial help and that sort of thing. In July of that year, a re-organization came about and the client assistance office and function was placed under a division in Rehabilitation and no longer was organizationally seen as before. Staffing was down and the second client advisor had been transferred out of the program. So, that left a project director and the secretarial help. Reorganization came about in July, that placed the client assistance and the whole function under a division in Rehabilitation. There were, at that time, three divisions and client assistance was placed under the Division of Program Planning or Planning and Program Development, I think it was, and no longer reported directly to the agency head nor did it have any voice or the ability to sit in on the policy committee of Rehabilitation. So, that's kind of the progress of it and what happened. Later the original director left in September/82, and the function was further delegated to existing people in Rehabilitation with the Affirmative Action Officer. IT had been switched from the division of Program Planning to the new office that they formed, the Office of Public Awareness.

Question: I am interested in how the function of the project was affected by that re-organization, whether it was able to continue with its original purposes, as well?

Answer: An attempt, under that reorganization, was made to continue to function as best as could be, however, when you take an Ombudsman function that primarily should be autonomous and you place it under some layers of bureaucracy that are agency oriented and you report through these people, you can see how that might have a tendency to take away the effectiveness of the client assistance program. Now it has been assigned as a part-time function. Naturally, it cannot have the impact it did when it had the staff of four people. When it has its time allotted to part of a person, it strictly limits what you can do. You have to then reduce what you want to do with it to that of nearly, I would say, working out the problems on a much lower level for clients that call in. Naturally it limits you because manpower is limited and organizationally you are subject to being mandated to do different things under the Division Program and Planning. Basically the client assistance function, I don't believe, should be under that. Now you take an agency person who is doing a great job, but due to time limiting factors it is very difficult to carry out on the scale originally intended.

Question: You had said that it now is a part-time function. What other duties has the person who is now the Client Assistance Project Coordinator have?

Answer: I understand that the position the function has been joined with the individual who does Affirmative Action and is the Affirmative Action officer and I think that the person is the Fair Hearing Officer delegated by the state agency head at fair hearings. So, you are dealing with similar problems, client complaints and that sort of things but it still limits her very severely to what she is able to do. I think they had a back up individual over there who is a Division Director who stands in as Ombudsman. So the function has been changed out of a strict client assistance project function as outlined in the original grant and split up. The function may still be there but the original purpose is not being met at all.

Question: Was the original director hired from within the Rehabilitation Agency to begin the CAP?

Answer: No, from without. He came to work from the Department for Human Resources and was an Assistant Ombudsman for the department before being hired as the Client Assistance Project Manager.

Question: Wasn't the successor, the previously mentioned Fair Hearing Officer for the agency, hired from within to take over CAP function?

Answer: Yes, the hearing officer has been with Rehabilitation for some time.

Question: Can that possibly be a better way to perform the intended function of the Client Assistance Project?

Answer: No, I don't think so. The benefit of being with the agency is knowing the basic service program so you don't have to be oriented or trained in that. You know what services are offered and what rehabilitation is all about. However, if I were in the position of a hearing officer for the agency and then in a position as a client advocate, it seems to me there could arise an occasion that might be conflict of interest there or at least it would appear to be so with our clients. The whole objective of the Ombudsman function is to have a separate office that would win the confidence of the people in that they would not be biased toward agency and would not be subject to agency influence and pressure. Well anytime you have a position that's under a Division Director of an agency and reports there, the position is bound to be subject to agency pressures and that is in direct opposition to what the function of an Ombudsman or client assistance project was meant to do. The first staff was very careful in making sure that they were separate.

Question: Let me elaborate by reading a little bit of the language of the Rehabilitation Act under Section 112, Client Assistance. It says:

> The project would assist such clients or applicants in their relationships with projects, programs and facilities providing services to them under this the Rehabilitation Act. Including assistance in pursuing legal, administrative or other appropriate remedies to insure the protection of the rights of such individuals under this Act.

This would tell me that you could have performed to coordinate legal and administration and other remedies and that it was intended to be quite centered on the client and their rights. I wonder if that is consistent with the way the project was implemented?

Answer: The way the project was implemented there would be a consistency there. The inconsistency is what finally developed and by reorganization and placing the project directly under agency influence and that sort of thing. It could be subject to pressures. That is not consistent with that.

Question: Did you feel like you could client center the remedy that you would advise or pursue?

Answer: I personally did. I am saying the organizational structure that now exists is what makes it subject to where it may not be totally client centered.

Question: Well, would it be fair to say that the emphasis was on putting out the fires as opposed to client centering maximum of enjoyment of rights, for example?

Answer: No. To be honest about it, I don't thinks it's fair to say that. Like I say, I'm not bad mouthing the Re-Hab agency. I'm saying that this was their intention. It's just the organization structure that they re-organized and the way client assistance went did not lend itself to the autonomy that one ought to have in that position in order to carry out the charge.

Question: I wonder some ways in which the organization impeded you, for example, in your research activity or in providing administrative legal assistance to clients?

Answer: Well, if you're located within an agency that you challenge on occasions and you're set up to challenge it, it can be a very intimidating factor just by you being there seeing people everyday. If you're also not just physically located but if you're organizationally located in a division of that agency and you must get Division Director approval, that adds another factor there that can make it subject to all sorts of influence. Suppose I had a client, for an example, in general agency that had a grievance that was not directly with client services but with a policy that the program and development people had come up with and had gotten approved. Now, here I am as a part of the Division of Planning and Program Development and then I am taking the side of a client and challenging my Division Director, the authority to tell me what to do and what not to do. It creates a bad situation. It's like how free should you be. If you tell a client you're an advocate under the Client Assistance Program and then you're challenging a policy that is something within the division and you are also under them in an agency, well, it creates a very strange situation to say the least.

Question: How often would you have represented clients in administrative review, for example?

Answer: I never represented a client in administrative review. If requested, I was an observer at many administrative reviews in order to assure that the client's rights were observed in the review procedures. I never administered one. That again would be placing the agency perhaps in a unfair position. If I was declared to be a client advocate and told a client from the word go, I'll help you, I believe you have a good point and then I turn out to be the review officer, that's stacking the deck on behalf of the client.

Question: Did you ever have to do any type of remedy because you saw a violation of client's rights in the administrative review? How in your role as monitor could you have enforced the client's right?

Answer: What I would do is to confer with the review officer and point out where I thought the client's rights were being abused or were not being observed according to rules and regulations of the Rehabilitation Agency. In other words, I had access of all client counselors, service manuals and that sort of thing, rules and regulations. So I would research those and point out to the review officer the violation of the client's rights. If necessary when the review decision came out if I thought it reflected an agency biased point of view and denied clients certain rights then I would advise the clients of the appeal procedures to obtain a fair hearing. If they requested me to be at a fair hearing I would attend the fair hearing.

Question: Would you represent their side?

Answer: Again, I would be an observer.

Question: But you would not...

Answer: Actively participate in representing their side. Normally before that time ever came up I had represented their side. If I believe and in my interpretation their rights had been infringed upon or abused I would represent them in informal solutions of the problems in going to the individual and going to the counselor and that sort of thing. I would try to resolve that grievance at the most informal lowest level possible.

Question: But the Rehabilitation Act mentioned your role could have included assistance in legal, administrative and other appropriate remedies, I wonder how you might have assisted in pursuing legal remedies?

Answer: Legal remedies, I would advise them that's where the information and referral services in the grant came in. I would refer them to Protection and Advocacy to obtain counsel when their area covered this particular client and what they were questioning. I would advise them to obtain legal counsel, if they thought appropriate, through Legal Aid if they couldn't afford an attorney. I would refer them to agencies, private and/or public.

Question: Does the Rehabilitation Counselor not have some responsibility to make their clients aware of those kind of things.

Answer: Yes, they do explain that and it's in a written explanation of client rights on the original application that the client signs.

Question: In a sense then the CAP reiterated that for the client upon a complaint?

Answer: Reiterated and expanded on that. That was just a paragraph that was inserted and it also gave the CAP's state-wide toll-free number.

Question: Could you have represented a client in a review hearing?

Answer: No, the Client Assistance Project was so designed here in Kentucky to stay outside of the grievance process. It could enter in but did not replace or did not change any of the grievance rules under the system. So they still obtained their supervisory review, the adminstrative review and the fair hearing. But, at any point in time the client was advised that they could call on the assistance of the Client Assistance Project to enter in at any point. They could wait until fair hearing time and call upon the Client Assistance person and get information, advice counseling, all that sort of thing about where they may obtain legal representation. You put the counselor in a paradox almost when you say, "Now counselor you assist somebody who is challenging you." It is not a tenable position for a counselor to be in. It is for them to explain the rights but for them to come out and tell the client, "Yes I think I'm unreasonable in denying you this service and now I'm going to jump out of that chair and I'll get in the chair of Client Advocacy role and now I'm going to tell you how you can sue me or get this reversed."

Question: It seems then that that would have been a problem within the agency?

Answer: Oh yes, for the agency and for a counselor to assume that role. So that's why the whole thought behind the inception of the CA program was that you obtain a certain degree of separation from the agency from the influence of the agency and in protection of client rights.

Question: Your separation seemed to decrease with time?

Answer: That's right. That is very definitely true.

Question: How about your investigative function at identifying gaps and research functions? Was there good cooperation from superiors?

Answer: Again, I'm not going to cite particular examples, but I'll have to say that as you're drawn in closer to agency influence, you're going to lose your ability perhaps even your initiative to go out and to do that type thing. It's putting someone in a bad position.

Question: Did you have to get prior approval for those kind of projects?

Answer: Yes, you had to get prior approval because you were required under regular state regulations and management principles to clear things through your Division Director and when you had to clear everything through your director it caused some problems. If they did not deem it worthwhile then you would have a problem in getting some things done.

Question: Was there any internal evaluation mechanism which you would use to gauge the satisfaction of the clients with your role in the CAP?

Answer: We kept all the report forms that we ever used. We used basically one document and the clients would give their answers as to their degree of satisfaction of what CAP had done and the outcome of the actions. They were evaluated annually by the agency's separate program evaluation unit.

Question: Were you satisfied with the kind of client satisfaction that was made?

Answer: We were working as the whole nation had been working on some standarized forms for getting infomration. This dealt not only with client satisfaction but also other information. It was beginning to progress in that format. A better gauge of success was part of that.

Question: I would like to know something about the types of recording that was done by the Client Assistance Program.

Answer: The annual reports consisted of a report that summarized statistically and the evaluation of the whole program including what was done in prior years. Submitted to Washington, copies to Atlanta usually, I think by November 15 each year on the previous federal year. Other reports included budget reports which were submitted usually in March giving the amount of money needed for the next year given the projected program, and budget to accomplish it, and that sort of thing. Those were the main reports they had internally. The reports were on an as needed basis to stress gaps in the system and delivery services and recommendations on how to overcome those. They were submitted originally to the agency head and then later to the division head under whom filing systems were located.

Question: I wonder what types of things the program looked at in its annual reports to measure what it was doing to measure its success?

Answer: Annual reports generally consisted of goals that you had set up previously in the grant that you hoped to accomplish and dealt with if you did or did not accomplish those. Like I say, numerically they wanted to know the clientele served and then broke it down into type of services rendered whether it was information referral or dealt more or less with counseling and that sort of thing, how many administrative reviews that you might estimate that you avoided or how many clients were served and listed as satisfied, that kind of thing.

Question: So, the number of administrative reviews avoided was considered?

Answer: Well, you were allowed a narrative to explain that type of thing. They didn't list that as one of the categories that they wanted you to put in there, but you could in your own words tell the benefits and they also wanted to know such things as the relationship that you had with the agency. They wanted to know if the rapport was good or if there were any barriers there that you were running into.

Question: Can you tell me something about a typical report, perhaps the one for the last fiscal year or any one that particularly illustrates the program's successes?

Answer: Well, this all from memory, but the report for the year 1981 indicated that we had served, a little over 400 clients and/or applicants and a little over 200 or half dealt with counselor/client disagreements, generally over services. In fact, I think 90% of it was services that we're talking about. Out of those that were resolved only 16 of those clients were still not satisfied and went on to request a review. This shows a pretty high percent of the ability of client assistance at that time to resolve them. Not always in the client's best interest but to resolve. A lot of times they let's say in some instances the services that they wanted could not be provided, I forgot how many of those were in there, but they were still satisfactory to the client because they were quoted chapter and verse the rule and regulation and they understood that they could not be provided some of the services that they sought. So even though the client didn't receive the service from the agency they still were satisfied. They got an explanation that they didn't get from counseling. In that report, I am not sure about what were completely satisfied, how much percentage, but it seemed like it was a pretty high percentage that were satisfied completely with Client Assistance Services.

Question: How would you measure that?

Answer: Ask them.

Question: And they would say yes or no?

Answer: Yes, some instances we had a written form, an intake form and it was a client case actually all the way through from the time that they called and you took down the basic information and then before you closed out. This Client Assistance Form had on the back whether the results that they had asked for were achieved, partially achieved, fully achieved or to what degree achieved. So, they wished people to take that and get some statistics off that.

Question: When you would quote chapter and verse and present the agency explanation for why something could not be done, did you also inform the client each time that if they still wished to challenge that position that there would be some area of due process available?

Answer: Yes, you would always say it was a standard procedure no matter what the outcome to still explain the appeal rights and that was a standard thing that you told all clients before you even achieved an outcome of anything that they had appeal rights and you would explain those. The grievance process was an automatic thing. That was one of the mandates of the office, you might say, that regardless of what had happened, you explained what they could do.

Question: What would your role be in an Administrative Review if someone decided to have one?

Answer: An observer to insure that the process is proper, that the client obtain all of the appeal rights that he should have under that procedure. Sometimes it became a third person who would make suggestions, almost an arbitrator, about maybe what the agency could do and get the agency's viewpoint on it, but it was never an active role in Administrative Review. It was more or less just an observer.

Question: And so did you handle 16 of those that last fiscal year?

Answer: No, I was only requested to go to 2 or 3 or those at the client's request. A high percentage of the others had their own attorney or representative to accompany them. I am assuming that they had already prepared a pretty good defense on these rules and regulations.

Question: Did you have any power to resolve complaints at the Administrative Review level?

Answer: No, I was a part of the agency which the client could call at any point. It did not interfere with any of the grievance procedures set up. At any point I could come in and resolve in an informal manner at any level, but I was not a part of any of the reviews or the hearings.

Question: Do you think the Client Assistance Program is a good project?

Answer: Yes, I do, in many ways and from many viewpoints. In human services, first of all, it's common knowledge that the Ombudsman function is to help resolve problems that are not resolved in the usual routine manner or for those people who for one reason or another cannot get a satisfactory resolution or feel like that they have got their rights. It's a very good thing from the client's standpoint. It prevents a lot of dropouts that you would have if you did not have such a remedy or possible remedy. From the agency's standpoint, it's definitely good. Let's take it from a cost type thing. In that year I quoted, we had approximately 200 counselor/client disagreements and potentially every one of them could be taken to Adminsitrative Review or even a Fair Hearing. But by the use of the Client Assistance Office, in getting it resolved and the satisfaction of the client and the agency in many cases, it more than paid for itself. On the benefit to the agency of making recommendations for changes in the future, it clearly can be seen here that you can improve services that are beneficial to both the agency and to the client.

Question: How separate or autonomous an entity should the Client Assitance Project be to function effectively?

Answer: To function at maximum effectiveness, the Client Assistance Officer ought to be autonomous, period. The reason being naturally that if you're under pressure from anyone or anything except being a good client advocate, there is undue pressure that opens itself up to undue duress; it should be autonomous. The Ombudsman function, ever since it's been in existence, according to federal, state and even local governments, should be autonomous from the general bureaucratic system and from the pressures that are generated within a bureaucratic system. So, no matter where it's located, it should have a degree of autonomy where there will be no interference from special interest groups. That way it can operate without any bias already built in the system and the people in there will not be put under pressure from lobbyist from either agency or clients or anyone else. It should be fairly well autonomous to such a degree as possible.

As a final comment, I would like to say that I hope that whoever is in a deciding role to determine whether Client Assistance will be or will not be in the future, I hope that they don't think that Client Assistance is just an added appendage of bleeding hearts who want to help clients and that's the end of it all, that's not the end of it. It is not only a benefit to clients, it is a great benefit to the agencies, to rehabilitation and it is cost effective. It pays for itself.

Senator **Weicker**. Thank you very much.

Mr. Ellis?

Mr. **Ellis**. Thank you, Senator Weicker and Senator Hawkins. It is a great honor to appear before a subcommittee which has done so much to protect the rights of persons with disabilities. Your courageous support is all the more valued in these difficult times when others have turned their backs on our efforts to become independent and a part of America's mainstream.

The vocational rehabilitation program has always been critical in our striving for independence, and therefore it is particularly appropriate that you examine the program again in an attempt to improve its services to us.

At the same time that you look at it, I think it is quite appropriate that you look at the client assistance program which is part of it, because that program and the processes and procedures that you established in the 1973 act are the main efforts to strengthen our voice in the rehabilitation process and to provide us with a means of redress if that process is not responsive to our needs.

As such, the client assistance program was your first attempt to provide advocacy services to persons with disabilities. As with many first attempts, the client assistance program has several defects which were corrected in the design of later advocacy programs. Let me take a look at those defects for a minute.

First, the client assistance project is a voluntary one. It exists only in those States where the VR agencies want to have it. Second, it is a limited program in several respects. In a number of States, it is targeted to particular disability populations and is not available to all VR clients. In six States, it primarily serves those with visual impairments, and in other States it targets other populations such as persons with cerebral palsy and members of specific minority groups like Native Americans, which means that even when the program is functioning at its best, it is not available to everyone who might need it.

Another limitation is that it only addresses those advocacy needs that are directly related to vocational rehabilitation and employment. Many of us who are on the way to successful rehabilitation run into discrimination in other areas of our lives where we are in need of a strong advocate and that service is not always available to us.

Finally, the most serious limitation in the program is the one that Mr. Blandford has just mentioned, and that is that it is not an independent program. In 22 of the 30 States where it receives Federal funds, it is operating by the VR agency. That can work to the benefit of some clients where the difficulties have to do with communication. But where there is a real conflict between the client and the agency over the kind of service that client needs, I strongly feel that that client needs an advocate who can independently advocate for them, free of pressures from the guy who pays his salary.

In New Jersey, we have overcome many of these defects, we think, and I am here, of course, to brag about it. Thanks to an agreement with the VR agencies there, the client assistance project is operated by the P&A system for persons with developmental disabilities.

Our program provides a full range of advocacy services to all VR clients throughout the State, regardless of the nature or origin of their disability. The State and Federal statutes which establish us require that we be independent of all service providers, and that guarantees, to the extent that any law can, that the services we provide will not be influenced negatively by the administrative policies of the agencies from whom the clients are seeking services.

Clients who come to us with complaints about the VR agency receive the full range of our advocacy services. Our caseworkers intervene when a breakdown in communication has disrupted the rehabilitation process and get client and counselor talking to each other again.

When the dispute is substantive and has merit, they attempt to resolve it in the client's favor through negotiation with the counselor and supervisory staff. On the rare occasions when these negotiations fail, these clients are represented at due process hearings and, if necessary, in court by our staff attorney.

Ours was the first client assistance project to hire a full-time staff attorney, and one of a handful who employs one today. Our employment of an attorney in 1978 established the precedent that clients of VR agencies were entitled to legal representation in disputes with those agencies—a concept that was incorporated into the law later that year when your committee managed this amendment.

While employment of an attorney was initially questioned by RSA, it was accepted with equanimity by New Jersey's VR agency, which has turned to us for legal advice from that attorney on several occasions.

Besides representing clients in legal matters with the VR agency, the staff attorney assists them in cases of employment discrimination.

Despite, or perhaps because of these robust advocacy efforts, we are respected by both the VR agencies in New Jersey. Our staff provides theirs with training and we participate in their training programs as well. We have been involved in a number of joint ventures with the disability consumer groups in New Jersey, the most recent of which was a training program which we cosponsored with a VR agency which led to the increase in their consumer advisory board and its revitalization after several years of inactivity.

Our experience with the client assistance project in New Jersey has been very positive. It has increased our clients' participation in the rehabilitation process significantly, and has provided them with independent advocates when they feel that that process is not effective.

I urge you to continue this valuable program, and extend it to all VR clients throughout all States by increasing its funding. I urge you to insure its value to VR clients by mandating that it be independent of VR agencies and other service providers.

I ask that you consider expanding its mandate to permit it to address all of the advocacy needs of VR clients, not just those having to do with rehabilitation and employment. Thank you.

[The prepared statement of Mr. Ellis follows:]

TESTIMONY BEFORE THE SENATE SUBCOMMITTEE ON THE HANDICAPPED AT PUBLIC HEARINGS TO REAUTHORIZE THE REHABILITATION ACT

FEBRUARY 24, 1983

Submitted by Ethan B. Ellis

President, National Association for
Protection and Advocacy Systems

and

Deputy Director, Division of Advocacy
for the Developmentally Disabled,
New Jersey Department of the Public Advocate
Joseph H. Rodriguez, Commissioner

Senator Weicker, members of the Subcommittee, it is an honor to appear before you who have done so much to protect the rights of persons with disabilities and provide them with the assistance they need to become productive citizens. Your courageous support is all the more valued in these difficult times when others have turned their backs on our efforts to join America's mainstream.

The programs which Congress has created to prepare Americans with disabilities for more independent lives are under stress. With your help, we have just beaten back an attempt to weaken our claim to a free and appropriate education, but further battles may lie ahead.

The vocational rehabilitation (VR) program, always critical in our striving for independence, has shown weaknesses recently, as well. For the last several years, it has served fewer clients and served them less well than in the past. The recent recession has also rendered VR agencies less effective in rehabilitating persons with severe disabilities, a population Congress made a priority the last two times it renewed this legislation.

Therefore, it is appropriate that the Subcommittee reexamine the vocational rehabilitation program at this time with an eye to strengthening its services. As you do, it is particularly appropriate that you take a critical look at the Client Assistance Program.

That program and the due process procedures established with it in the 1973 Act were attempts to strengthen the client's voice in the rehabilitation process and provide him or her with a means of redress if that process was not responsive. As such, the Client Assistance Program was Congress' first tentative attempt to provide advocacy services to persons with disabilities.

As with many first efforts, the Client Assistance Program has several defects which were corrected in the design of later advocacy programs. Let me highlight those defects briefly. First, it is a voluntary program. It exists only in those states where the VR agencies choose to sponsor it. While that number has slowly increased to thirty-seven, there are still a significant number of states where VR clients are not served by the program.

Second, a number of Client Assistance Projects are limited geographically or by the nature of the disabilities of the clients served. For example, in some states, its services are available only to the residents of specified urban or rural areas. In others, it only serves persons with visual impairments. In two states, its services are primarily targeted to Native Americans. Thus, in many states, the majority of VR clients are not eligible for advocacy services from the Client Assistance Project.

Third, Client Assistance Projects are restricted in the issues they can address. Many VR clients who are on the way to successful rehabilitation encounter discrimination and denial of rights in areas unrelated to their vocational rehabilitation and employment goals. They are denied accessible housing, find their access to community services barred by architectural barriers, or are excluded from restaurants and other places of public accommodation because of their disabilities. The current mandate of the Client Assistance Program is limited only to vocational rehabilitation issues. It cannot advocate for them on other issues so critical to their independence.

Finally, and most importantly, in the majority of states, Client Assistance Projects are operated by the VR agencies themselves and often staffed by employees of those agencies. In those situations, their advocacy efforts are often influenced more by the pressures and policies of the agency's administration than by the needs and grievances of their clients. VR clients in those states often refuse help from the Client Assistance Project because of its close ties to the VR agency and lack of independence. Many of them seek advocacy services elsewhere when confronted by a conflict with the agency.

In New Jersey, we have managed to overcome many of these critical defects. Thanks to an agreement with the VR agency there, the Client Assistance Project is operated by the Protection and Advocacy System for persons with developmental disabilities under the auspices of the New Jersey Department of the Public Advocate. Our program provides advocacy services on a statewide basis regardless of disability. Because state and federal statutes require that our agency be independent of service providers, we are able to provide advocacy services to clients of the VR agency which are not controlled or negatively influenced by its policies.

Clients who come to us with complaints about the VR agency receive the full range of our advocacy services. Our caseworkers intervene when a breakdown in communication has disrupted the rehabilitation process and get client and counselor talking to each other again. When the dispute is substantive and has merit, they attempt to resolve it in the client's favor through negotiation with the counselor and supervisory staff. On the rare occasions when those efforts fail, those clients are represented at due process hearings and in court by the staff attorney assigned to the Client Assistance Project in our Division.

Ours was the first Client Assistance Project to hire a full time staff attorney and one of a handful who employs one today. Our employment of an attorney in 1978 established the precedent that clients of VR agencies were entitled to legal representation in disputes with those agencies. When the Rehabilitation Act was amended later that year, all Client Assistance Projects were required to have the capacity to obtain legal representation for those they serve. Very few actually provide that service today. Interestingly, while our employment of an attorney was initially questioned by RSA, it was accepted with equanimity by New Jersey's VR agency which has turned to us for legal advice on several occasions.

Besides representing clients in legal matters with the VR agency, the staff attorney assists them in cases of employment discrimination. He also reviews VR agency policies against the requirements of federal statutes and regulations and makes recommendations for changes where required by state or federal mandate.

On several occasions, the individual complaints of a number of clients have led us to suspect systemic problems in the operation of local VR offices. In those instances, we have conducted studies of the practices in those offices and have suggested changes on the basis of our findings. We are currently designing a study of all the VR offices of the New Jersey Commission for the Blind and Visually Impaired whose clients we also serve.

Despite or perhaps because of these robust advocacy efforts, we are respected by both VR gencies in New Jerey, the Division of Vocational Rehabilitation Services, and the Commission for the Blind and Visually Impaired. Our staff provides theirs with training and we participate in their training as well. This year we sponsored a Leadership Training Program for persons with disabilities in conjunction with the Division of Vocational Rehabilitation Services. This program has significantly increased

BEST COPY AVAILABLE

self-advocacy among consumers with disabilities and has led to a revitalization of the VR agency's Consumer Advisory Board on which seventeen of its graduates now serve.

Our experience with the Client Assistance Program in New Jersey has been very positive. It has increased client participation in the rehabilitation process significantly and has provided them with independent advocates when they feel that process is not effective.

I urge you to continue this valuable program and extend it to all VR clients by increasing its funding. I urge you to insure its value to VR clients by mandating that it be independent of VR agencies and other service providers in all states. Finally, I ask that you consider expanding its mandate to permit it to address all of the advocacy needs of VR clients, not just those having to do with employment.

Thank you.

Senator **Weicker**. Thank you very much, Mr. Ellis.

Senator Hawkins?

Senator **Hawkins**. I would like to apologize to those who are present today. My lateness is not due to any lack of desire to serve. I have been testifying since 10 o'clock at the Immigration Subcommittee because that is a very important issue to the entire United States.

My first interest in this subcommittee and its jurisdiction came about as a member of the entire Labor and Health Committee, and a deep and abiding faith that handicapped funds should never be lumped into block grants to States.

I was fortunate enough to be appointed as a freshman to the conference committee, and Senator Weicker will remember that that was a whale of a fight. I had a crash program by his staff and others on the moneys and programs available, and was happy to report that we managed to keep the money for the handicapped in categorical grants.

You are to be commended today, Mr. Chairman, for having hearings on the Rehabilitation Act prior to its reauthorization. I am looking forward to becoming much more knowledgeable about the individual programs, serving with you and continuing to learn from you and the great example you set in making all of us more aware and sensitive to the problems of a growing number of the population in the United States.

I want to tell you that I am here to learn from you and to continue to fight for what I feel is an individual and very necessary amount of money that must be continually watched all the time so it does not get commingled, as they call it up here, and given to States through block grants.

I think a lot of the State programs are better because of Federal oversight and I think we ought to keep them that way.

Senator **Weicker**. Thank you very much, Senator Hawkins.

One question for the panel just to make certain that I understand what it is that the panel is advocating—I want to make sure, Neva, that you are in agreement—and that is the independence of the client assistance program from the vocational rehab operation. Do you feel also as the other two witnesses do on that count?

Ms. **Cruz**. I believe that it can operate successfully within the VR agency. That is where I am at the present time, is in our VR agency. I feel that some of the people who call cap might not consider their problems serious enough to take to a legal agency. They just have a question about what their counselor is doing.

As mentioned before, most of the problems are the communication type. They may just wonder if the counselor has given them the right information. They are not often serious enough to require a change of counselor or legal intervention. But they do still need these questions answered, and I feel that having someone who is outside of the regular administrative channel can provide the answers and an impartial third party opinion. CAP has been on a Federal grant, so even though I get my paycheck through the State, it is a Federal grant and so I am independent in that way.

I do have close communication with our VR director by being in the State VR office, and I think that there are a lot of calls that come into the State office because they do not know where to call. So, they call there and they are referred to me. I think there are advantages to having it in the State.

Senator **Weicker**. All right. Using this as the vehicle to request opinions, I would be very anxious to hear what the community as a whole feels about this aspect of it because I think there are valid points on both sides. Both Mr. Ellis and Mr. Blandford have made forceful arguments, and I understand where you are coming from on this.

Let us find out; this is the time to see what the feeling is on the matter of independence of the CAP's.

Senator Hawkins?

Senator **Hawkins**. Do States physically and administratively separate the CAP and the P&A offices, or do they encourage them to work together?

Mr. **Ellis**. Let me respond to that, Senator Hawkins. In only two States are the P&A and the client assistance projects operated by the same agency. That occurs in New Jersey and Louisiana. In all other States, there is no administrative or funding connection between the two operations.

Senator **Hawkins**. Thank you.

Senator **Weicker**. Thank you all very much.

While we rearrange the signs and the chairs, we will just take about a 3-minute recess here and allow the other witnesses to be seated.

[Whereupon, a brief recess was taken.]

Senator **Weicker**. The next panel to testify before the committee will testify relative to the rehabilitation basic State grant. We are privileged to have Joseph Galotti, who is the commissioner of the Department of Education for the State of Connecticut; John Banks of the National Rehabilitation Association; and Andrew Jackson, who is graduate of the year and who is going to be introduced by Karen Clay.

So, lady and gentlemen, we are privileged to have you before the committee. Why do you not proceed in any order that you all decide?

STATEMENT OF JOSEPH GALOTTI, COMMISSIONER, DEPARTMENT OF EDUCATION, STATE OF CONNECTICUT, ON BEHALF OF THE COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION; JOHN BANKS, NATIONAL REHABILITATION ASSOCIATION; AND KAREN CLAY, SPECIAL EDUCATION TEACHER, DISTRICT OF COLUMBIA ASSOCIATION FOR RETARDED CITIZENS, ON BEHALF OF THE ASSOCIATION FOR RETARDED CITIZENS OF THE UNITED STATES, ACCOMPANIED BY ANDREW JACKSON, DISTRICT OF COLUMBIA ASSOCIATION FOR RETARDED CITIZENS GRADUATE OF THE YEAR, A PANEL

Mr. GALOTTI. Mr. Chairman, thank you. I will read brief excerpts from the statement.

Senator WEICKER. All statements will be included in their entirety in the record. You proceed in any way you deem fit.

Mr. GALOTTI. The Council of State Administrators is an association comprised of chief administrators of the public rehabilitation agencies——

Senator WEICKER. Commissioner, you are going to have to pull that microphone up to you. I, as do others in the room, want to hear what you are saying. So, go ahead.

Mr. GALOTTI. Is this satisfactory?

Senator WEICKER. Yes; we can hear you.

Mr. GALOTTI. The Council of State Administrators is an association comprised of the chief administrators of the public rehabilitation agencies for physically and mentally handicapped persons in all of the States, the District of Columbia and our Nation's territories.

The core of America's rehabilitation program is the 63-year-old State-Federal program devoted to providing a combination of rehabilitation services to physically and/or mentally disabled adults. At the center of this program is the State rehabilitation agency which provides for a wide range of services for eligible disabled persons. Most often, these services are provided with the cooperation of or through private, nonprofit service providers.

The primary purpose of the provision of vocational rehabilitation services is to render employable those persons with disabilities who, because of the severity of their handicaps, are unable to secure and to hold employment. The Rehabilitation Act is the most complete and well-balanced legislation in the human services field.

In one act, there are included provisions for a comprehensive and individually tailored program of vocational rehabilitation services to individuals with physical and/or mental disabilities; an innovation and expansion program; a training program; a research program; a rehabilitation facility program; a program providing comprehensive services in independent living; and a community services employment program and a special projects program.

Experience has shown that this balanced approach embodies all of the elements necessary for the successful rehabilitation of persons with disabilities. It is this balanced approach which enables the rehabilitation movement to make the widely acclaimed progress that has been evident throughout its history.

The Council of State Administrators of Vocational Rehabilitation fully supports each facet of this process and every provision of the Rehabilitation Act.

We are here to strongly urge the extension of the Rehabilitation Act of 1973, as amended, for a minimum of at least 3 years. The Rehabilitation Act of 1973, as amended, is a model of what can be done in the human services field.

We are of the strong contention that to amend or rescind portions of this law might severely unsettle the balance that makes this program one of the most, if not the most, balanced program in the field of human services.

We further urge swift action on the part of the Congress in the reauthorization of this law. It is imperative that the States be given the necessary lead time in planning for future needs. Early reauthorization by the U.S. Congress will have a significant favorable impact on State appropriations and programmatic decisions affecting the rehabilitation program for future years.

The need for the extension of the Rehabilitation Act is but one of the three main needs of the vocational rehabilitation program, for any program must have at least three main pillars to support its effective operation. It needs wise, enabling legislation, effective leadership and adequate appropriations.

During the past several years, the rehabilitation program has been without effective, strong leadership at the Federal level. The presence of leadership is what we are talking about here. The State-Federal rehabilitation program—in fact, any program—vitally needs strong, committed and knowledgeable national leadership. We look to the current administration, as we have looked to past administrations, to provide this.

It is also vitally important that the U.S. Congress authorize funds that will enable the State-Federal rehabilitation program to serve as many individuals who are eligible for rehabilitation services as possible.

For the past few years, the number of persons served and rehabilitated has been decreasing. This unfortunate and indeed tragic occurrence has been attributed to the continually rising costs of doing business, resulting from years of suppressed funding debilitating inflation, the growing focus of States on serving more severely disabled individuals, and the recent loss of over $100 million annually in direct service money by the decimation of the social security vocational rehabilitation programs.

Alarmingly enough, our best estimate is that State rehabilitation agencies are only able to serve 1 out of every 20 persons who are eligible for services.

The council strongly recommends that the Congress provide legislation which contains authorization levels for the basic State vocational rehabilitation program that will help reverse the decreasing number of persons who are being served and rehabilitated into employment and assist in addressing the severe and debilitating employment problems which face persons with disabilities.

The council recommends that the legislation extending the Rehabilitation Act contain authorizations for basic State grants under section 110(b)(1) of the Rehabilitation Act of 1973, as amended, equal to $1,037.8 million in fiscal year 1984, $1,141.1 million in fiscal year 1985, and $1,254.6 million in fiscal year 1986.

Justification for higher authorization amounts arises from the purpose for which the money is spent—the prevention of an incalculable waste of human potential, a purpose on which no price tag can be placed.

Vocational rehabilitation has consistently more than paid for itself by helping persons with disabilities increase their earning capacity, by decreasing the amount of public assistance payments they might need, and by assisting them to become taxpayers.

The need is desperate. For the past months, all have heard reports of the high levels of unemployment that our Nation endures. Out of need, the Nation is responding to this tragedy. The President and the Congress have apparently reached agreement on public jobs legislation to provide relief to those individuals and their families who have been affected by this recession.

However, we must also recognize that there does not exist in our society any group of persons who are experiencing more unemployment than that which is experienced by persons with disabilities.

To begin to adequately address the severe and debilitating employment problems of persons with disabilities, the Congress must act swiftly to maintain and enhance the foundation of the only major Federal program that exists to provide vital, desperately needed services to persons with disabilities for the primary purpose of rendering them employed.

It would be tragic to become mired in the process of extending the Rehabilitation Act of 1973, as amended. The task before us is clear and it is great, to prevent the incalculable waste of human potential. The solution, perhaps the best that Government could ever hope to offer, is before us in the form of a well-balanced State-Federal rehabilitation program, one that continues to provide comprehensive, cost-effective, humane and desperately needed services at the community level to persons with mental and physical disabilities who desire to work but lack the training and occupational skills required to actively compete in the labor force.

That concludes my written statement, Senator. I would like to express my deep appreciation to you and my pride from the fact that you are from the State of Connecticut in your commitment to this effort and your support of the rehabilitation program.

[The prepared statement of Mr. Galotti follows:]

STATEMENT OF
THE COUNCIL OF STATE ADMINISTRATORS
OF
VOCATIONAL REHABILITATION
BEFORE
THE SENATE SUBCOMMITTEE ON THE HANDICAPPED

The Council of State Administrators is an association comprised of the chief administrators of the public rehabilitation agencies for physically and mentally handicapped persons in all the states, the District of Columbia, and our Nation's territories. These agencies constitute the State partners in the State-Federal Program of Rehabilitation authorized by the Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978, Public Law 95-602, as amended.

Since its inception in 1940, the Council has enjoyed a quasi-official status as an active advisor to the Federal administrators in the formulation of national policy and program decisions and has been an active force in strengthening the effectiveness of service programs for disabled Americans. The Council also serves as a forum for State Rehabilitation Administrators to study, deliberate, and act upon matters bearing upon the successful rehabilitation of persons with disabilities.

The core of America's Rehabilitation Program is the 63-year-old State-Federal Program devoted to providing a combination of rehabilitation services to physically and/or mentally disabled adults. At the center of this Program is the State Rehabilitation Agency which provides for a wide range of services for eligible, disabled persons. Most often these services are provided with the cooperation of, or through, private, non-profit service providers.

The primary purpose of the provision of vocational rehabilitation services is to render "employable" those persons with disabilities who, because of the severity of their handicaps, are unable to secure and to hold employment.

The Rehabilitation Act is the most complete and well-balanced legislation in the human services field.

In one Act, there are included provisions for a comprehensive and individually-tailored program of vocational rehabilitation services to individuals with physical and/or mental disabilities; an innovation and expansion program; a training program; a research program; a rehabilitation facility program; a program providing comprehensive services in independent living; a community services employment program; and a special projects program.

Experience has shown that this balanced approach embodies all of the elements necessary for the successful rehabilitation of persons with disabilities.

Essential, of course, to maintaining this balance is a well-funded program of *direct services* to help individuals with disabilities become employable. It is also vital that this program have strong, experienced and effective National leaders. However, there must also be research to reveal new knowledge; special demonstration projects to test this knowledge in practical settings; trained personnel to work with persons who are disabled; and a comprehensive program providing independent living services to persons who are so severely disabled that they cannot benefit from traditional rehabilitation services. Agencies must also be encouraged to initiate new programs and expand existing ones to apply new knowledge to new groups of individuals with disabilities. Likewise, rehabilitation facilities must be developed in which severely disabled individuals may be served with optimum care and expertise.

It is this balanced approach which enables the rehabilitation movement to make the widely-acclaimed progress that has been evident throughout its history.

The Council of State Administrators of Vocational Rehabilitation fully supports each facet of this process and every provision of the Rehabilitation Act.

EXTENSION OF THE ACT

We are here to strongly urge the extension of the Rehabilitation Act of 1973, as amended, for a minimum of, at least, three years. This will provide authorization levels through Fiscal Year 1986. This extension is needed to insure program stability in the State-Federal Rehabilitation Program and to continue the provision of quality services to the millions of disabled Americans who are in desperate need of rehabilitation.

The Rehabilitation Act of 1973, as amended, is a model of what can be done in the human services field. We are of the strong contention that to amend or rescind portions of this law might severely unsettle the balance that makes this program one of the most--if not the most--balanced program in the human services area.

We further urge swift action on the part of the Congress in the re-authorization of this law. It is imperative that the states be given the necessary lead time in planning for future needs. State legislatures, many of which will only be in session for short, specified periods of time, require advance knowledge of Federal Authorization levels for future years in order to provide the state matching financial contributions. Early re-authorization by the U.S. Congress will have a significant, favorable impact on state appropriations and programmatic decisions affecting the rehabilitation program for future years.

The need for the extension of the Rehabilitation Act is but one of the three main needs of the Vocational Rehabilitation Program, for any program must have at least three main pillars to support its effective operation. It needs wise enabling legislation, effective leadership, and adequate appropriations.

During the past several years, the Rehabilitation Program has been without effective, strong leadership at the Federal level. The State-Federal Rehabilitation Program--in fact any program--vitally needs strong, committed, and knowledgeable national leadership. We look to the current Administration, as we have looked to past Administrations, to provide this.

It is also vitally important that the U.S. Congress authorize funds that will enable the State-Federal Rehabilitation Program to serve as many individuals who are eligible for rehabilitation services, as is possible.

For the past few years, the number of persons served and rehabilitated has been decreasing. This unfortunate--indeed tragic--occurance, can be attributed to the continually-rising costs of doing business resulting from years of suppressed funding and debilitating inflation; and the growing focus of the states on serving more severely disabled individuals; the recent loss of over $100 million annually in direct services monies by the decimation of the Social Security Vocational Rehabilitation Programs.

Despite this expenditure, there still are not sufficient funds to serve all those eligible, disabled persons who have the potential and the desire to work and who need rehabilitation services to attain employment or self-sufficiency.

Alarmingly enough, our best estimate is that State Rehabilitation Agencies are only able to serve one out of every twenty persons who are eligible for services.

We are sure that there does not exist any sector of our Nation's workforce which is experiencing more unemployment than that experienced by persons with disabilities.

The Council strongly recommends that the Congress provide legislation which contains authorization levels for the Basic State Vocational Rehabilitation Program that will help to reverse the decreasing number of persons who are being served and rehabilitated into employment and assist in addressing the severe and debilitating employment problems which face persons with disabilities.

The Council recommends that the legislation extending the Rehabilitation Act contain authorizations for Basic State Grants under Section 110(b)(1) of the Rehabilitation Act of 1973, as amended, equal to $1,037.8 million in Fiscal Year 1984; $1,141.1 million in Fiscal Year 1985; and $1,254.6 million in Fiscal Year 1986.

It is important in these times of fiscal austerity and "freezes" on domestic discretionary spending to remember that human lives and quality of services are what we are actually talking about here.

Our justification for higher authorization amounts arises from the purpose for which the money is spent -- the prevention of an incalculable waste of human potential, a purpose on which no price tag can be placed.

Whatever the cost, there is no other human service program whose funds are spent in such a cost-effective manner to help people to live more self sufficient and productive lives.

Vocational Rehabilitation has consistently more than paid for itself by helping persons with disabilities increase their earning capacity, by decreasing the amount of public assistance payments they might need, and by assisting them to become taxpayers.

Moreover, the value of rehabilitating a person's spirit and life, is, above all else, immeasurable.

The need is desperate. For the past months, all have heard reports of the high levels of unemployment that our Nation endures.

Unemployment is now hovering at a level near or above that of the Great Depression. Currently, more than one person in ten is out of work. In some cities and states, and among some minorities and other societal groups, unemployment is much higher, ranging from twenty to as high as fifty percent.

Out of need, the nation is responding to this tragedy. The President and the Congress have apparently reached agreement on Public Jobs legislation to provide relief to those individuals and their families who have been affected by this Recession.

However, we must also recognize that there does not exist in our society any group of persons who are experiencing more unemployment than that which is experienced by persons with disabilities.

To begin to adequately address the severe and debilitating employment problems of persons with disabilities, the Congress must act swiftly to maintain and enhance the foundation of the only major Federal program that exists to provide vital, desperately-needed services to persons with disabilities for the primary purpose of rendering them employed.

The Rehabilitation Program has a successful, sixty-three year track record of providing literally any service deemed necessary to bridge the gap between dependency and independence and employment.

It would be tragic to become mired in the "process" of extending the Rehabilitation Act of 1973, as amended. The task before us is clear, and great -- to prevent the incalculable waste of human potential. The solution, perhaps the best that government could ever hope to offer, is before us in the form of a well-balanced State-Federal Rehabilitation Program. One that continues to provide comprehensive, cost-effective, humane, and desperately needed services at the community level to persons with mental and physical disabilities who desire work, but lack the training and occupational skills required to actively compete in the labor force.

Senator **WEICKER**. Commissioner, thank you very much both for your testimony and your kind remarks. I appreciate it very, very much.

Mr. Banks?

Mr. **BANKS**. Senator Weicker, my name is John Banks. I am a certified rehabilitation counselor and I am here today representing the National Rehabilitation Association. Our membership of over 20,000 individuals includes workers in all phases of rehabilitation, consumers, and other individuals.

The bedrock of the Rehabilitation Act is provided by the basic State vocational rehabilitation services program, a proven program that has stood the test of time and, unlike some other Federal programs, has been generally well-managed and cost-effective.

Indeed, the Rehabilitation Services Administration's last report to the Congress in fiscal year 1981 estimates that the benefit-to-cost ratio exceeds $10 for every $1 spent. Estimates obtained outside the Government are even higher.

However, Mr. Chairman, it is our understanding that OMB, after attempting to disprove these facts, is now attempting to discourage RSA from using their own favorable data. I should think that they would enjoy such success, but instead it disturbs them.

Generally speaking, the rehabilitation counselor has the overall responsibility for individual case management. Counselors provide for assessment of needs and employment potential of rehabilitation clients, find and coordinate the services that are required to enable a person to become employed, as well as provide guidance on employment and job placement.

Counselors work with clients on an individual case-by-case basis in tailoring a personalized program that will meet the unique needs of each individual. The broadest range of services are provided in order to assure that whatever services persons with disabilities require are available, and that, taken as a whole, they address the overall needs of the individual.

In addition, the State grant program also provides for coordination to minimize duplication, thereby assuring that funds are spent as effectively and efficiently as possible. This coordination also assists the counselor seeking services for an individual client by making it easier to know what services are available as well as where to find them.

This coordinated, comprehensive approach is greatly enhanced by the statutory stipulation that there be a "sole State agency to administer the plan or to supervise its administration by a local agency." As you know, with regard to legislative mandates, Congress in recent years has placed an emphasis on first serving the severely disabled, a mandate which NRA wholeheartedly endorses and which State agencies have sought to carry out.

Unfortunately, this laudable goal has not been reinforced by the level of funding necessary to maintain service levels. Consequently, fewer persons are now being rehabilitated under the program, although there has been an increase in the proportion of severely disabled who are served.

Congress should be aware that it is estimated to be two to two-and-a-half times more costly to rehabilitate those with severe disabilities. Therefore, if Federal funds do not increase sufficiently to cover this mandate, then fewer persons will receive the assistance they need. This lack of resources often leads consumers to feel that rehabilitation is not responding to their needs. Thus, the provider of services, especially the counselor, is ripe for attack from all sides.

The basic State rehabilitation program is an investment in human capital which yields big dividends in the quality and dignity of thousands of individual lives each year. Tragically, because of limited resources, it is estimated that State agencies can only serve 1 in 20 of those persons who are eligible—individuals who could work if rehabilitation services were provided.

We therefore urge you to renew your commitment to the basic State rehabilitation program and the Rehabilitation Act as a whole, as well as to our fellow citizens with disabilities who look to you for support. We ask you to do this by providing authorizations for $1,037.8 million for fiscal year 1984, $1,141.1 million for fiscal year 1985, and $1,254.6 million for fiscal year 1986 for the basic State grant program.

Thank you for the opportunity to speak on behalf of persons who need these services. I ask that the remainder of my statement be included in the record.

[The prepared statement of Mr. Banks follows:]

STATEMENT OF

THE NATIONAL REHABILITATION ASSOCIATION (NRA)

BEFORE

THE SENATE SUBCOMMITTEE ON THE HANDICAPPED

OF THE

SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

RELATIVE TO

REAUTHORIZATION OF THE REHABILITATION ACT OF 1973, AS AMENDED

PRESENTED BY:

JOHN BANKS

FEBRUARY 24, 1983

Mr. Chairman and Members of the Subcommittee, my name is John Banks, and I am here today representing the National Rehabilitation Association and its seven Divisions, which are: The National Rehabilitation Counseling Association, which I serve as Executive Director; The Job Placement Division; The National Association for Independent Living; The National Association of Rehabilitation Instructors; The National Association of Rehabilitation Secretaries; The National Rehabilitation Administrators Association; and the Vocational Evaluation and Work Adjustment Association.

First, Mr. Chairman, let me express the deep appreciation of the NRA membership for the hard work and dedication you and Members of this Subcommittee have shown in working to better the opportunities and lives of persons with disabilities.

The National Rehabilitation Association (NRA), founded in 1925, represents approximately 20,000 members, including professional workers in all phases of rehabilitation, consumers, and others who wish to be a part of our efforts to ensure that children and adults with disabilities receive the services and opportunities they need to become fulfilled, productive members of our society. We have worked for, and seen, much progress in the nearly 60 years since our founding, and since the state-federal partnership in rehabilitation began in 1920. However, as we all know, much remains to be done, and we urge you to keep the programs strong and its authorizations at a level commensurate with the stated goals of the program.

The Rehabilitation Act of 1973, as amended, takes a synergistic approach to providing rehabilitation services to persons who require them. In other words, the interrelationship between program components, such as training, research, the independent living program, and the broad range of rehabilitation services provided under the basic state grant program, produce a total effect that is greater than the sum of any of these efforts taken independently. Each component reinforces the others, and forges a strong partnership directed toward providing the best possible rehabilitation outcome for the individual. However, since NRA has been asked by this Subcommittee to specifically address the rehabilitation counselor's perspective on the state grant program, NRA is submitting comments for the record, as part of our written statement, with regard to these other major components of the rehabilitation program.

The bedrock of the Rehabilitation Act is provided by the Basic State Vocational Rehabilitation Services Program (Section 100 (b)(1)), which ensures that a wide range of basic services is available to persons with all types of disabilities. This is provided through a federal-state partnership that has functioned successfully for more than 60 years. The partnership also exists at the local level, where state agencies purchase services from the private sector, such as doctors and rehabilitation facilities.

It is a proven program that has stood the test of time and, unlike some other federal programs, has been generally well managed and cost-effective. Indeed, the Rehabilitation Service Administration's latest report to the Congress (FY81) estimates that the benefit/cost ratio exceeds $10:1! Estimates obtained outside government are even higher.

However, Mr. Chairman, it is our understanding that OMB, after attempting to disprove these facts, is now attempting to discourage RSA from using their own favorable data. I should think that they would enjoy such success, but instead it disturbs them!

Under the Rehabilitation Act, the Basic State Program is an entitlement provision which provides federal funds through formula grants, requiring a 20% state match, to state rehabilitation agencies for maintaining a broad range of counseling, restorative, training, placement and other services which will enable disabled persons to be gainfully employed.

Generally speaking, the rehabilitation counselor has the overall responsibility for individual case management. Counselors provide for assessment of needs and employment potential of rehabilitation clients, find and coordinate the services that are required to enable a person to become employed, as well as provide guidance on employment and job placement. Counselors work with clients on an individual, case-by-case basis in tailoring a personalized program that will meet the unique needs of each individual. These needs, be they social, medical, vocational, or psychological, together contribute to the disability that prevents an individual from entering the workforce. For this reason, they must be addressed comprehensively if we are to rehabilitate that individual for employment. It is possible to do this because the state grant program was set up with these individual needs in mind. The broadest possible range of services are provided in order to assure that whatever services persons with disabilities require are available, and that taken as a whole they address the overall needs of the individual. In addition, the state grant program also provides for coordination to minimize duplication, thereby assuring that funds are spent as effectively and efficiently as possible. This coordination also assists the counselor seeking services for an individual client by making it easier to know what services are available, as well as where to find them.

This coordinated, comprehensive approach is greatly enhanced by the statutory stipulation that there be a "sole State agency to administer the plan, or to supervise its administration by a local agency". Equally important, the ability to identify a particular agency greatly enhances the accountability of each state program to the federal government, thereby assuring that programs are well managed, funds spent carefully and appropriately, and that legislative mandates are faithfully carried out.

As you know, with regard to legislative mandates, Congress in recent years has placed an emphasis on first serving the severely disabled -- a mandate which NRA wholeheartedly endorses, and which state agencies have sought to carry out. Unfortunately, this laudable goal has not been reinforced by the level of funding necessary to maintain service levels; consequently, fewer persons are now being rehabilitated under the program, although there has been an increase in the proportion of severely disabled who are served. Congress should be aware that it is estimated to be 2 to 2½ times more costly to rehabilitate those with severe disabilities. Therefore, if Federal funds do not increase sufficiently to cover this mandate, then fewer persons will receive the assistance they need. This lack of resources often leads consumers to feel that "rehabilitation" is not responding to their needs. Thus the provider of services, especially the counselor, is ripe for attack from all sides.

Overall, however, the Basic State Rehabilitation Program is working effectively to ensure that persons with disabilities can enter our nation's workforce, thereby enhancing both the economic health of our nation, and the personal dignity of these individuals.

Second, I would like to address Training needs. Sufficient numbers of qualified rehabilitation professionals are, Mr. Chairman, absolutely essential for providing the broad range of services needed to enable persons with disabilities to enter the workforce. In recognition of this fact, federal funds have been made available for rehabilitation training for over 30 years. Currently, the Rehabilitation Training Program (Section 304) encompasses grants to States and public or non-profit institutions and agencies, including universities, to support both long and short term training over the broad spectrum of rehabilitation specialities, including rehabilitation counseling, medicine, and therapy. Programs of continuing education to maintain up-to-date, high standards of service are also authorized, which help professionals respond to changing priorities and needs within the Rehabilitation program.

The quality and eventual success of any program is directly related to the caliber of professionals who are charged with turning rehabilitation goals into realities. It is therefore disturbing to note that major shortages have been documented in many rehabilitation professions. If allowed to continue, the Rehabilitation Program will necessarily provide a lower standard of services, consequently weakening the overall effectiveness and success of a heretofore exemplary program. That cannot be allowed to happen.

Third, Rehabilitation Research at the federal level is directed through the National Institute of Handicapped Research (NIHR)(Section 201(a)(1)), which was established under the Rehabilitation Act Amendments of 1978. This institution is charged with coordinating efforts to increase the knowledge which will help us overcome the difficulties of rehabilitating those with severe disabilities. Through Rehabilitation Research and Training Centers, methodology and delivery systems are improved, while Rehabilitation Engineering Centers seek to apply new and innovative methods to overcome problems in the various rehabilitation fields. NIHR is also charged with the dissemination of such information in order that persons with disabilities may benefit from it as soon as possible. Together, these research activities provide a focused, coordinated effort to expand our ability to rehabilitate persons with severe disabilities, to improve the quality of services that are already available, and to generally improve the overall effectiveness and success of the program.

Finally, the National Rehabilitation Association would like to emphasize the importance of the Program for Comprehensive Services for Independent Living (Section 721(a)), and the national goal of reducing dependency which this particular program embodies. It is designed to enable severely disabled persons to live more independently with their families or in the community and, when possible, to secure employment. Under Part B of Title VII, the only independent living component to be funded thus far, project grants are made to state vocational rehabilitation agencies to establish and operate "independent living centers" to provide a broad range of services to enable severely disabled persons to do more for themselves. Disabled persons have assumed an active role in developing and running these community based centers. Enhancing the self -reliance of persons with disabilities both increases individual feelings of self-worth, as well as frees up more costly institutional forms of care for those with the utmost need.

This comprehensive rehabilitation program is rounded out by other programs which are targeted to assist special populations of persons with disabilities, Client Assistance Projects, Projects with Industry, Comprehensive Rehabilitation Centers, and others.

Mr. Chairman, in conclusion, the National Rehabilitation Association believes that, as written, the Rehabilitation Act of 1973, as amended, is a balanced, comprehensive, and successful program that will remain so without major legislative changes.

NRA recommends that all authorities, whether or not Congress has been able to fund them, remain in the statute as a goal toward which we should strive. We recommend that, as a minimum, these programs be authorized for three years, through FY86.
For the state grant program, we specifically recommend a minimum authorization of $1,037.8 million in FY 1984; $1,141.1 million in FY 1985; and $1,254.6 million in FY 1986. NRA's recommendation for other components of the Rehabilitation Act will be submitted later to the Subcommittee.

With the dark cloud of large federal deficits hanging over all federally funded programs, we like to point out that Rehabilitation is a sound financial investment which yields, in the very worse case, more than a $10 return to every federal dollar by reducing the dependency on institutionalization, income maintenance programs, and social services. Through the comprehensive network of services provided under the basic state grant program and other rehabilitation components, many persons who otherwise would remain dependent upon federal handouts for their financial needs, and institutional care for their personal needs, can become productive, taxpaying, more independent individuals who strengthen our workforce and contribute to our overall economic wellbeing. Equally important, however, is that rehabilitation is an investment in human capital, which yields big dividends in the quality and dignity of thousands of individual lives each year. Tragically, because of limited resources, it is estimated that state agencies can serve only one in 20 of those persons who are eligible -- individuals who could work if rehabilitation services were provided. We therefore urge you to renew your commitment to the Basic State Rehabilitation Program and the Rehabilitation Act as a whole, as well as to our fellow citizens with disabilities who look to you for support, by providing increased authorization levels. Thank you for the opportunity to speak on behalf of persons who need these programs.

NATIONAL REHABILITATION ASSOCIATION

RECOMMENDATIONS FOR AUTHORIZATIONS OF PROGRAMS ESTABLISHED BY THE REHABILITATION ACT FOR FISCAL YEARS 1984, 1985, and 1986

(in millions)

ITEM	Proposed FY 1984	Proposed FY 1985	Proposed FY 1986
BASIC VOCATIONAL REHABILITATION SERVICES (Sec. 100(b)(1)	$1,037.8	$1,141.1	$1,254.6
CLIENT ASSISTANCE PROJECTS (Sec. 112(a)	3.5	3.5	3.5
NATIONAL INSTITUTE OF HANDICAPPED RESEARCH (Sec. 201(a)(1)	40.0	50.0	60.0
TRAINING PROGRAM (Sec. 304(e)	25.5	30.5	35.5
COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING (Title VII)	60.0	90.0	120.0
ALL OTHER PROGRAMS IN ACT (Various Sections)	"such sums"	"such sums"	"such sums"

Senator WEICKER. Mr. Banks, thank you very much for your testimony. Now, we have Andrew Jackson, graduate of the year, and he is going to be introduced by Karen Clay.

Ms. CLAY. Mr. Chairman, I am a special education teacher employed in the vocational training program at the D.C. Association for Retarded Citizens. I am joined by Mr. Jackson, a man who received training through DCARC as a result of services provided by the vocational rehabilitation program.

We are here today to represent the Association for Retarded Citizens of the United States, which is comprised of some 2,000 State and local units and nearly 300,000 members concerned with the needs and rights of our Nation's mentally retarded citizens.

Mr. Jackson is a shining example of the success of the vocational rehabilitation program, and together we strongly urge this committee to move rapidly to approve reauthorization.

Mr. Jackson is 40 years old and has been multiply handicapped since birth. He is mentally retarded with associated conditions of cerebral palsy and epilepsy, all of which constitute challenging and formidable obstacles to overcome.

Mr. Jackson attended school only until the seventh grade, always in special classes, and because of his frustration he finally dropped out. In those days, there was no law guaranteeing the rights of handicapped children to appropriate education.

Mr. Jackson came to our agency in 1978 for evaluation and training, where it was discovered that while he had no work skills, he did have a potential to be trained. It was not easy for Mr. Jackson to overcome his handicapping conditions and wasted years of idleness, but nearly 3 years later, in May 1981, he completed training and was placed into employment at 38 years of age for the first time in his life. He was hired as an elevator operator and custodian by Blue Cross-Blue Shield in downtown Washington, where he is still employed today.

Today, because of the vocational rehabilitation program, Andrew Jackson is a successful, self-reliant and happy man who maintains his own apartment. He earns $12,000 annually and, through his taxes, will repay manyfold the investment in his training provided by the vocational rehabilitation program. And he is just one of thousands of handicapped people in this country who have benefited enormously from this successful program.

I now would like to give Mr. Jackson an opportunity to tell you about himself.

Senator WEICKER. Karen, I understand you are going to ask the questions.

Ms. CLAY. Yes.

Senator WEICKER. Good.

Ms. CLAY. Andrew, how did you benefit from the vocational and personal adjustment training you received? Tell us about the good things you learned.

Mr. JACKSON. I had to learn how to buff, mop, dust mop, do the boys' bathroom, and it was easy once I learned.

Ms. CLAY. What do you think would have happened to you if this training was not available?

Mr. **Jackson.** Well, I believe I would still be getting the check every first of the month. That means I would not be in any training.

Ms. **Clay.** Do you like working better?

Mr. **Jackson.** Yes, I do.

Ms. **Clay.** How do you feel about yourself at this point? How does it feel to be on your own and responsible for yourself?

Mr. **Jackson.** Wonderful.

Ms. **Clay.** Do you like being on your own? Do you have your own apartment?

Mr. **Jackson.** Yes.

Ms. **Clay.** In conclusion, we urge your support for the continuation of this vital program. Vocational rehabilitation has converted literally thousands of tax recipients into taxpayers and, in the process, converted bare human existence into true human life. Thank you.

[The prepared statement of Ms. Clay follows:]

Mr. Chairman, I am Karen Clay, a special education teacher employed in the Vocational Training Program of the D.C. Association for Retarded Citizens. I am joined by Mr. Andrew Jackson, a man who received training through DCARC as a result of services provided by the Vocational Rehabilitation program. We are here today to represent the Association for Retarded Citizens of the United States which is comprised of some 2000 state and local units and nearly 300,000 members concerned with the needs and rights of our nation's mentally retarded citizens.

Mr. Jackson is a shining example of the success of the Vocational Rehabilitation program and together we strongly urge this committee to move rapidly to approve reauthorization.

Because Mr. Jackson is unable to read, first I would like to provide brief background information on his situation and the benefits he derived from the Vocational program. And then, through a few questions, I would like to give Mr. Jackson the opportunity to describe his growth and development.

Mr. Jackson is 40 years old and has been multiply-handicapped since birth. He is mentally retarded with associated conditions of cerebral palsy and epilepsy, all of which constitute challenging and formidable obstacles to overcome.

Mr. Jackson attended school only until the seventh grade, always in special classes. Because of the frustration he experienced, he finally dropped out. In those days, there was no law guaranteeing the rights of handicapped children to an appropriate education.

His parents are deceased and for many years he was cared for by relatives or lived in a foster home. After leaving school, Mr. Jackson did nothing. He received no educational services and found virtually no help for his problems.

Finally, in 1978, he was brought by a friend to the Vocational Rehabilitation Agency in the District of Columbia. Soon thereafter, Vocational Rehabilitation referred him to DCARC for evaluation and training where it was discovered that while he had no work skills, he did have the potential to be trained.

It was not easy for Mr. Jackson to overcome his handicapping conditions and so many wasted years of idleness. But nearly three years later, in May 1981, he completed training and was placed into employment -- at 38 years of age the first job in his life. He was hired as an elevator operator and custodian by Blue Cross/Blue Shield in downtown Washington where he is still employed today. Since beginning there less than two years ago, he has received three raises and in his most recent performance evaluation, Mr. Jackson's supervisor described his as, "A very courteous and tactful man who performs well on his job."

Today, because of the Vocational Rehabilitation Program, Andrew Jackson is a successful, self-reliant, and happy man who maintains his own apartment. He earns $12,000 annually and through his taxes will repay manyfold the investment in his training provided by the Vocational Rehabilitation Program. And he is just one of thousands of handicapped people in this country who have benefitted enormously from this successful program.

Now, I would like to give Mr. Jackson an opportunity to tell you about himself.

Questions to Andrew Jackson
Following the questions, Karen closes with the following statement

In conclusion, we urge your support for continuation of this vital program. Vocational rehabilitation has converted literally thousands of tax recipients into tax payers. And in the process, converted bare human existence into true human life.

Thank you.

Senator **Weicker**. Thank you very much.

Andrew, I do not know if you can understand me as well as you can understand Karen, or maybe you would rather understand a beautiful woman than an ugly chairman; I do not know. [Laughter.]

Mr. **Jackson**. No, it is not that.

Senator **Weicker**. But, Andrew, what do you do now? What kind of work do you do?

Mr. **Jackson**. Right now?

Senator **Weicker**. That is right.

Mr. **Jackson**. I just take the elevator up on two and the lobby, stand there and wait for people. With all those pretty girls up there, I do not know which one to pick. [Laughter.]

Senator **Weicker**. Now, are you able to live by yourself?

Mr. **Jackson**. Yes, sir.

Senator **Weicker**. And do you get to work by yourself?

Mr. **Jackson**. Yes, sir. I catch the 92 bus and then I transfer out to the 7th Street bus. That is the only way I can get there.

Senator **Weicker**. And, Karen, you say that Andrew about 2 years ago or 3 years ago was not in a position to do any of this, is that correct?

Ms. **Clay**. That is right. Two or three years ago, Andrew did not have the work skills for employment.

Senator **Weicker**. Well, I thank you all very much for your eloquent testimony. Senator Stafford has joined us and I want to make sure he has the opportunity to ask any questions. But I also want to assure you that the increased funding levels which, Commissioner, you and John Banks have referred to are something that will be given serious consideration by the committee.

Senator Stafford?

Senator **Stafford**. Thank you, Mr. Chairman. I just came from another subcommittee of this committee in which some of the interests of the handicapped were discussed, and I do not have any questions at the present time of this panel.

Senator **Weicker**. Thank you very much, Senator. Thank you all very much.

The next panel that will testify—we have two panels to testify, one on projects with industry and one on independent living centers. I know that Senator Eagleton is here to introduce someone on—is it projects with industry?

Senator **Eagleton**. Mr. Starkloff.

Senator **Weicker**. That is independent living centers. Senator Stafford, who are you introducing?

Senator **Stafford**. I was going to introduce Jean Mankowsky from Vermont.

Senator **Weicker**. I wonder if we might not then please allow Senators Eagleton and Stafford to introduce those that are on the panel for independent living centers.

John and Judy, I am just trying to get everybody in this act here, and the Senators have to go on to other hearings. So, if we could, please, at this juncture have the two panelists that will be testifying relative to independent living centers. You do not have to go away; just move over here to the side. John, just come right over and sit with us and we will get you and Judy on in a few minutes.

Senator **Eagleton**. Do you want me to introduce Mr. Starkloff, Mr. Chairman?

Senator **Weicker**. You go right ahead, Senator Eagleton, and then Senator Stafford will introduce Ms. Mankowsky.

Senator **Eagleton**. Mr. Starkloff wears several hats. The one that I will refer to——

Senator **Weicker**. Tom, you are going to have to pull that mike up.

Senator **Eagleton**. Thank you. Mr. Starkloff wears several hats. One is a national organizational hat, but I would like to make reference to what he has done in the city of St. Louis, which is my home city. He was the founder of Paraquad in 1970, and operated out of a nursing home where he had resided for 5 years.

Paraquad works primarily with people with three types of disabilities: cerebral palsy, spinal cord injuries, and deafness. The key program of Paraquad is an independent living center under which a broad range of assistance is provided, from peer counseling to budget planning to job seeking. In the 3 years that Paraquad has received Federal support, it has pioneered the concept of independent living for the disabled in the city of St. Louis, helping over 7,000 disabled persons to live fuller and more productive lives by participating in the mainstream of society. In the last year alone, it has doubled the number of disabled persons it serves and demand continues to grow.

I personally know Mr. Starkloff and his wife, who is accompanying him. They are truly remarkable individuals and I think it is a real honor for the Committee to have the opportunity to hear from Mr. Starkloff. Thank you, Mr. Chairman.

Senator **Weicker**. Senator Eagleton, thank you very much for your interest in the matter, and I know it is a continuing one. I might add that Senator Eagleton is one of those, along with Senator Stafford, who has given this chairman just maximum support in the full committee and on the floor of the U.S. Senate on behalf of all those that are here today.

Senator **Eagleton**. Thank you, Mr. Chairman.

Senator **Weicker**. Senator Stafford?

Senator **Stafford**. Thank you very much, Mr. Chairman. I really consider it a pleasure and a privilege to introduce Jean Mankowsky, a fellow Vermonter, to you and to this subcommittee and to our guests in the room.

Ms. Mankowsky is currently the executive director of the Vermont Center for Independent Living. She has been involved at VCIL for the past 2 years as the peer advocacy counseling coordinator, program director, and presently the executive director.

Ms. Mankowsky has an extensive background in working with and advocating for handicapped individuals. She has been a tutor for blind students at the University of Arizona and a peer advocate counselor for disabled individuals in Amherst, Mass. She is a member of the Vermont Developmental Disability Council and a member of the Secretary's Council on Career Opportunities for the Severely Handicapped.

By virtue of her training and expertise, I feel Ms. Mankowsky is extremely well qualified to address this subcommittee on this subject. I thank you, Mr. Chairman.

Senator **Weicker**. Senator Stafford, thank you, and again thank you for all your help in many, many matters dealing with the handicapped and education.

OK, you go ahead. I do not know who is going first or second, but that is up to you. Go right ahead.

STATEMENT OF JEAN MANKOWSKY, EXECUTIVE DIRECTOR, VERMONT CENTER FOR INDEPENDENT LIVING; AND MAX J. STARKLOFF, PRESIDENT, NATIONAL COUNCIL OF INDEPENDENT LIVING PROGRAMS

Ms. **Mankowsky**. Thank you, Senator.

Senator **Weicker**. Jean, you are going to have to get that mike right up front there. Would it help if we put it on a book there? I know it is hard for you to lean over. Maybe we can raise that a little bit.

Ms. **Mankowsky**. How is that?

Senator **Weicker**. That is fine.

Ms. **Mankowsky**. Thank you very much for this opportunity to address this subcommittee. In my written testimony, I have included a personal and detailed statement regarding the importance of the activities of the Vermont Center to Vermont's disabled individuals.

Today, however, I would like to talk to you about what independent living means to one severely disabled Vermonter. Today, I would like to talk about Carol. Carol is a 25-year-old woman who has severe cerebral palsy. She sits in a wheelchair unable to functionally use either arms or legs, unable to wheel herself, unable to dress or bathe or feed herself, unable to speak other than "yes" or "no."

Yet, Carol lives in her own apartment. She did not always live there. She spent the first 13 years of her life with her grandmother, who ran a boarding home. She spent the next 9 years in Brandon Training School, the State institution for the mentally retarded.

Misplaced and misunderstood, she received only 3½ years of formal education during that period. At age 23, Carol was moved to a group home for the retarded. It was at this time that a concerned group home worker contacted VCIL, distressed at the continued inappropriateness of Carol's living situation.

For the next year-and-a-half a peer advocate counselor worked intensively with Carol, developing an effective means of communication, listening to Carol's desire to move to her own apartment, and helping Carol develop an understanding of the responsibilities of living more independently.

The coordination of community resources was a long and often frustrating process, but resulted in securing accessible housing, attendant care services, transportation, and a computer with which Carol can pursue her educational and vocational goals.

Carol spent her 25th birthday in her own apartment and celebrated it with a group of disabled friends whom she met through her participation in a local disabled advocacy group in Montpelier. This is not the end for Carol. She is continuing to work actively with her peer advocate counselor as she pursues new steps to improve and maintain her life.

Although Carol is an extraordinary person, she is like millions of others—an unknown, ordinary American with a disability. Helen Keller, Franklin Roosevelt, George Wallace, James Brady, members of the Kennedy family—disability knows no preference regarding sex, race, religion, or political persuasion. Disability comes upon the aged, upon the newborn, and those in the prime of life.

Membership in the disability community knows no prejudice, and any one of you may be called to join our ranks at a moment's notice. Be assured that we are not looking for new recruits, but you must be aware that the deepest mission of consumer-run independent living centers is to insure that life after disability is possible, decent, and, in the most profound human sense, meaningful.

Now, I must talk with you about the largest threat to the continued success of independent living centers. Continued Federal support of independent living centers is critical. Our own experience and the conclusions of the California RSA study, "Significant Issues in the Establishment and Operation of Independent Living Centers," have demonstrated that there are significant obstacles in securing adequate alternative funding.

I believe that in these times of increased competition for diminishing dollars, it is totally unrealistic to expect such innovative programs to become operational, demonstrate cost-efficiency and general effectiveness, develop a track record, and secure adequate ongoing funds within a 3-year period.

The potential of consumer-operated independent living centers is vast, but we are only at the point of inception. We are learning to operate our centers and have an impact on the design and the delivery of the services which intrinsically affect our lives.

There is much we can do for ourselves. What we require now, and will require for a time longer, is the continued commitment of the public will for the support of our efforts. If that will fails now, I cannot be hopeful about the consequences for our emerging consumer-operated independent living centers.

Title VII, part A, if implemented, will provide some valuable and much-needed support services, but I do not believe that it can be expected to significantly impact the continuation of independent living centers. The passage of the amendment under the 1983 continuing resolution has provided only a short-term solution to this funding dilemma.

This committee will soon be dealing with the reauthorization of the Rehabilitation Act. In no way today have I been able to address even significantly the needs of consumer-run independent living centers. Involvement of representatives from these centers and from the disabled community will be critical to the success of your efforts. The National Council of Independent Living Programs will be an important resource to you in these efforts.

Your investment in the independence of severely disabled Americans has already yielded high dividends. A dependent population cannot be an asset to America. We are gaining in our independence and our ability to work for, participate in and contribute to our society.

Careful examination of long-term funding options for consumer-controlled independent living centers will insure that your investment is not lost. Thank you very much.

[The prepared statement of Ms. Mankowsky follows:]

Vermont Center for Independent Living

174 River Street
Montpelier
Vermont 05602
802-229-0501 (TDD)
Toll-Free:
800-622-4555 (TDD)

Jean E. Mankowsky
Executive Director

Board of Directors
David Sagi
President
Rutland
Chryss Jones
Vice President
Waterbury Center
Sharon Henault
Secretary
Island Pond
Richard Barnes
Treasurer
Saxon River
Tom Crowe
Bennington
Peg Franzen
Essex Junction
Jean Gilliam
Barre
Steve Rhoades
Wilder
Marcy Ryan
Burlington
Tom VanMeter
North Hyde Park

Disabled citizens working together for dignity and independence.

JEAN MANKOWSKY, EXECUTIVE DIRECTOR

THE VERMONT CENTER FOR INDEPENDENT LIVING

TESTIMONY BEFORE THE SENATE SUBCOMMITTEE ON THE HANDICAPPED

February 24, 1983

First, I would like to express my appreciation for the opportunity to offer testimony before this Subcommittee of the Senate. This is not an occasion I would have believed possible ten years ago. At that time, my disability prevented me from performing even the most basic personal tasks. I could not sit up, read a book, or even feed myself. I was completely dependent upon my family. I wasn't aware of the adaptive equipment, personal care or other support services which would enable me to function more independently. My future, at that point seemed bleak, and within my mind loomed visions of nursing homes.

However, I was fortunate. My family provided me with support and encouragement. My Vocational Rehabilitation Counselor recognized my potential. I became aware of the Independent Living Movement and the emerging possibilities for severely disabled people.

I believe it is not by chance that I am here today. My experience as a disabled person led to my involvement with the Vermont Center for Independent Living. My experience as Executive Director of a Center funded through Title VII, Part B has provided the impetus to reach this moment.

I would like to share with you my thoughts, feelings and beliefs concerning Centers for Independent Living. I would also like to share with you information about our strengths, successes and future needs.

I am speaking to you today as the Executive Director of the Vermont Center for Independent Living -- from a basis of our Center's experience and my understanding of issues faced by other Centers nationally. Equally as important, I speak as a severely disabled individual who continues to work for greater personal independence.

With the passage of the Rehabilitation Act of 1973 and its amendment in 1978, the Congress has put into the hands of disabled people and their friends powerful tools to address the various problems arising from the condition of disability and impairment. Among the more significant innovations and improvements over the previous situation was Title VII, Part B which provides for the establishment of Independent Living Centers. The concept of these centers was conceived from a philosophy of disabled peoples' right to live as independently as possible. In addition, the advocates for these centers were aware that in order for severely disabled citizens to move toward the attainment of vocational goals, basic independent living supports must first be in place. For example, in order for me to fulfill my responsibilities in managing the Vermont Center for Independent Living, there are a number of personal supports which I must first have in place. At the most basic level, I require attendant care support. Without this, I would neither get out of bed, get dressed, or eat. Adaptive equipment is required for my personal mobility. My home must be accessible enough for me to move in and out of it comfortably. Without accessible transportation, I would never arrive at the office. All of these are critical prerequisites to my employability. Independent Living Centers were designed to assist individuals in becoming aware of and in securing these and other needed supports.

It is important to realize that for severely disabled individuals, independent living needs are not finite or static; as an individual's level of independence changes, so too does their independent living support needs, and typically the need for certain critical supports will continue throughout a person's life. This requires the existence of an independent living support system which can respond to the individual on an ongoing basis.

Several types of Independent Living Centers have evolved with varying relationships to the traditional rehabilitation system. For those of us with disabilities, the more important developments have taken place in Centers that are consumer controlled and operated primarily by disabled people themselves. This consumer control and involvement was the intent of the original Title VII legislation. In these Centers there exists an atmosphere of respect for the dignity and civil rights of disabled individuals. This atmosphere promotes the ability to clearly understand the issues of severe disability and the development of creative solutions to problems participants face. In addition, these Centers allow disabled citizens to become policy-makers within the human service spectrum. An increase in the levels of awareness and understanding of disability issues among their non-disabled colleagues results from cooperative working relationships between consumer-run Centers and more traditional service providers.

The Vermont Center for Independent Living is, I believe, a prime example of a consumer controlled Center. Our organization was founded in 1979 and is one of the few statewide, rural Centers in the nation. VCIL was incorporated by a group of Vermont's most active and articulate disabled citizens. These individuals represented all regions of the state and a wide range of disabilities. VCIL's founding principles included a belief in community-oriented services, an understanding of the commonality of disabled individuals regardless of their particular diagnostic category, a belief in the long-range effectiveness of a self-help approach and a deep commitment to consumer control. Our organization's service model was developed in response to needs articulated by disabled Vermonters in three statewide needs assessments done in the late '70's of mobility impaired, blind and visually impaired and deaf individuals.

These assessments expressed the need for centralized access to disability-related information and resources, peer support, and assistance in working with other disabled citizens to affect positive local change. The above philosophy and information laid the foundation for the development of VCIL's Title VII, Part B program.

Title VII programs form the core of the Vermont Center for Independent Living and include Information and Referral, Peer Advocacy Counseling and Community Advocacy Programs. These types of services are typical of many independent living centers and offer a variety of supports which can be utilized either individually or in combination by persons with disabilities.

Our Information and Referral System fills a critical gap by providing the only centralized resource on disability-related information within the State of Vermont. Prior to its existence, information was so fragmented that disabled individuals, their families and service providers often had no access to information which dramatically affected their lives and work. The Information and Referral System responds to over 600 requests for information a year. Often an adequate response to these requests requires extensive research and follow-up on the part of the Information and Referral Coordinator. Information is provided in all areas of disability concerns. In addition, the System acts as a connector in making referrals to other appropriate local, state and federal resources.

Our Peer Advocacy Counseling Program offers severely disabled individuals the opportunity to work with another disabled person in assessing their current situation, defining goals, identifying resources and problem-solving around barriers to independence. This program has worked intensively with 100 severely disabled individuals per year. It has assisted these individuals in moving from institutional to community settings, obtaining attendant care support and needed adaptive equipment, locating and obtaining more accessible housing facilities, increasing personal and social skills and moving closer to identifying vocational goals. The following is a profile of one individual with whom the Peer Advocacy Counseling Program has worked intensively for the past year and a half:

> Carol is a 25-year-old woman who has severe cerebral palsy. She sits in a wheelchair unable to functionally use either arms or legs, unable to wheel herself, unable to dress or bathe or feed herself, unable to speak other than "yes" or "no". Yet, Carol lives in her own apartment.
>
> Carol did not always live in her own apartment. She spent the first 13 years of her life with her grandmother who ran a boarding home. Attempts to enroll Carol in school were unsuccessful due to both the inaccessibility of school and the staff's inability to adapt to her personal care needs. As a result of this and Carol's inability to communicate, she spent the next nine years in Brandon Training School, the State institution for the mentally retarded. Misplaced and misunderstood, she received only 3½ years of formal education during that period.
>
> As a result of the national move toward deinstitutionalization, Carol was tested, and even after nine years of social and educational deprivation, she was found to be within the "high borderline" range of mental retardation. At age 23 Carol was moved to a group home for the retarded. It was at this time that a concerned group home worker contacted VCIL, distressed at the continued inappropriateness of Carol's living situation.
>
> For the next year and a half a Peer Advocate Counselor worked intensively with Carol, developing an effective means of communication and listening to Carol's desire to move to her own apartment and helping Carol develop an understanding of the responsibilities of living more independently. Carol's intense determination to live more independently combined with the Counselor's skills led them to seek the active support of the Department of Mental Health and other agencies providing needed services. The coordination of these resources was a long and often frustrating process but resulted in securing accessible

> housing, attendant care services, transportation and a computer with which Carol can pursue her educational and vocational goals.
>
> Carol spent her 25th birthday in her own apartment and celebrated it with a group of disabled friends who she met through her participation in a local disabled advocacy group in Montpelier. This is not the end for Carol. She is continuing to work actively with her Peer Advocate Counselor as she pursues new steps to improve and maintain her life.

Carol is only one of many individuals working for greater independence. Peer support for such individuals is critical. In addition to helping individuals learn to utilize the human service system, the disabled Peer Counselor serves as a role model, a clear example of the potential for independence of disabled people.

Responding to disabled citizens' desire to work together on critical concerns, VCIL's Community Advocacy Program involves disabled people in working to improve the availability and accessibility of both statewide and local resources. Our efforts to assist disabled citizens in improving existing services and creating much needed new resources on a statewide basis have been extremely successful. These efforts resulted in not only increased and improved services but also an increased skills level on the part of disabled citizens and greater communication between existing systems and those whom they serve. For example, the Community Advocacy Program helped to coordinate the input of disabled citizens to the Vermont Department of Motor Vehicles which resulted in changes in regulations and the reinstatement of handicapped license plates. An even larger effort occurred when the Community Advocacy Program worked intimately with disabled citizens, the Agency of Human Services and the State Legislature to design and implement an attendant care program which has filled a critical gap in services. This state funded Participant Attendant Care Program has become a valued and effective support service with an annual budget of over $200,000.

The work on a local level is generally accomplished through the efforts of community-based disabled advocacy groups. These groups afford disabled individuals the opportunity to work collectively to prioritize concerns, identify and implement strategies to address these concerns, become more involved in all aspects of the community and to increase the community's understanding of disability issues. These groups also offer members the opportunity to identify with other disabled individuals and move out of a framework of isolation and powerlessness. Through working with individuals having different disabilities, a greater understanding of both the uniqueness of each individual and the greater underlying commonality is achieved.

These three programs -- Information and Referral, Peer Advocacy Counseling and Community Advocacy -- are integrally connected to the needs expressed by Vermont's disabled citizens. They provide the information, the one-to-one peer support and group orientation needed by individuals striving to increase their independence.

Through the evolution of these programs, other needs were identified by VCIL. As a result, our organization has expanded to include a Vocational Rehabilitation Client Assistance Project, an Adaptive Equipment Project, and a study of the independent living needs of non-elderly, severely disabled residents in Vermont's nursing homes. Each of these projects either addresses an additional need or strengthens the effectiveness of already existing programs. Additionally, each of these projects was designed to incorporate a systems analysis component in their respective areas. This design results from our realization that in order to best address personal needs, the approaches of various systems may need to be modified. We are fortunate in Vermont to have the support, assistance and encouragement of the Division of Vocational Rehabilitation, the Agency of Human Services and the State

Legislature in these pursuits.

In looking at the services offered by independent living programs, the issues of consumer control and a peer approach must not be underestimated. At the Vermont Center for Independent Living 90% of our Board of Directors and 70% of our staff are individuals with disabilities. We're proud of this, and the benefits of this consumer control have been born out in our program. It allows us to keep in touch with the emergent needs of our constituents. It enables us to examine existing service systems from a grassroots perspective. It allows us to speak with conviction because disability concerns affect us so personally.

To the disabled individual seeking support, we offer a peer approach. This allows disabled people to approach us without intimidation or reserve and to work with someone who may have experienced similar problems and struggles. Seeking support to make changes in one's life can be a frightening, even threatening, experience. For many severely disabled individuals social services are seen as charity. As a result, they often hesitate to express their needs and thus, not having their needs met, fail to reach their full potential as active, contributing members of society.

I realize this is a complex, somewhat abstract, concept, and I would like to elaborate on it from my own personal experience.

At age 20 as I began my move towards independence, I was held back by society's attitudes towards disability. These attitudes I internalized until I became convinced that I as a disabled person was somehow less valuable, less important and less worthwhile than able-bodied individuals. I also perceived myself as a "burden" to my family, my friends and the community. Special parking spaces, ramps, federal and state disability income -- I viewed them all as charity. I strived for independence, yet feelings of inferiority weighed on my mind. It wasn't until I became involved with an Independent Living Center that I began to sense the rightfulness of providing support to people with disabilities. It was no longer just me -- other people's lives were affected. They certainly deserved to live as full and productive lives as possible. And if they did, then so did I. When I later attended the University of Arizona, I did so with over 400 other disabled students. At that point I knew that support services and physical and program accessibility were not charity -- they were civil rights. I'm not militant, but I have a deep conviction. This conviction has given me the inner strength to pursue my goals and to work to remove physical and attitudinal barriers within our society.

This is an important outcome of a peer approach and is intrinsically a benefit of consumer-run Independent Living Centers as a whole. These Centers encourage those of us with disabilities to view ourselves as worthwhile and to develop our potential as contributing members of society.

Independent Living Centers also hold the potential for benefiting society as a whole. Unlike many other minority groups, disability cuts across all socio-economic, racial, cultural, educational and occupational lines. According to an unpublished U.S. Census study done in 1976, there are 27,977,000 Americans with disabilities. At some time in our lives, each of us will be affected by a disability. This may occur personally, through age, traumatic injury or illness or through an experience with a friend or family member. Membership in the disability community knows no prejudice and anyone of you may be called to join our ranks at a moment's notice. Be assured that we are not looking for new recruits. But you must be aware that the deepest mission of consumer-run Independent Living Centers is to ensure that life after disability is possible, decent and in the most profound human sense, meaningful. When viewed in this manner, the issues raised by the condition of disability and impairment and the proposals and remedies suggested by disabled people themselves can, if properly supported by public policy, become another powerful uniting force for all of our population -- able-bodied and disabled alike.

I have appreciated the opportunity to share my beliefs in the critical need for consumer-run Independent Living Centers and the value of the services they provide. Now, I must talk with you about the largest threat to the continued success of these Centers.

Continued federal support of Independent Living Centers is critical. The Vermont Center for Independent Living has actively pursued alternative funding through membership in United Ways, approached municipal governments, and submitted proposals to state funding sources and private foundations. These efforts have met with varied success. However, they have typically resulted in activities which are additions to our Title VII programs rather than replacement funding for these activities. It is clear to us that the existence of the Title VII, Part B funds and the activities supported by these funds have provided the credibility and confidence sufficient to attract these additions. In order to address the obvious need to replace Title VII, Part B funding, the Vermont Center for Independent Living has already planned direct mail campaigns, continued proposal submissions to both state funding sources and private foundations, and the provision of educational and training services in the coming year.

Our own experience and the conclusions of the California Rehabilitation Services Administration Study, "Significant Issues in the Establishment and Operation of Independent Living Centers", have demonstrated that there are significant obstacles in securing adequate alternative funding. These obstacles include: difficulty in fee for service arrangements; scarcity of state funds; competition for inadequate private dollars; and the time consuming nature of fundraising activities.

I believe in these times of increased competition for diminishing dollars, it is totally unrealistic to expect such innovative consumer controlled programs to become operational, demonstrate cost efficiency and general effectiveness, develop a track record and secure adequate ongoing funds within a three year period. In Title VII, Part B the representatives of the people established the prerequisites for the initiation of a bold experiment in bringing disabled individuals into full realization of the rights, liberties and opportunities enjoyed by all other Americans. The potential of consumer operated Independent Living Centers is vast, but we are only at the point of inception. Disabled citizens are just now emerging from centuries of bondage to the restraints of our disabilities and the uneducated fears of our able-bodied neighbors. We are learning to operate our Centers and have an impact on the design and delivery of the services which intrinsically affect our lives. There is much we can do for ourselves, but we require now, and will require for a time longer, the continuing commitment of the public will to the support of our efforts. If that will fails now, I cannot be hopeful about the consequences for our emerging consumer operated Independent Living Centers. Realistically, I would anticipate either general failure or radical restructuring of these Centers which would so diminish their hope and promise as to make the shell of their continuance a mockery to the disabled and a reproach to the decent concerns of humanity.

Title VII, Part A, if implemented, will provide some support for much needed services but cannot be expected to significantly impact the continuation of Independent Living Centers. At present, Title VII, Part B grants to Independent Living Centers are limited to three years. The passage of the amendment under the 1982 Continuing Resolution has provided only a short-term solution to this funding dilemma.

This Committee will soon be dealing with the re-authorization of the Rehabilitation Act. Your investment in the independence of severely disabled Americans has already yielded high dividends. A dependent population cannot be an asset to America. We are gaining in our independence and our ability to work for, participate in and contribute to our society. Careful examination of long-term funding options for consumer controlled Independent Living Centers will ensure that your investment is not lost.

Senator WEICKER. Jean, thank you very much.

Senator Stafford?

Senator STAFFORD. I am not going to ask any questions. I just think that Ms. Mankowsky has made a very eloquent plea to continue the independent living centers, and it is something that throughout the 12 years I have been a member of this subcommittee, I have supported very much myself. Thank you, Mr. Chairman.

Senator WEICKER. I might add that without Senator Stafford's efforts and votes, we would all be a little bit more behind the eight ball. He has been one who not only talks about all this business, but has laid his political neck on the line for it.

Mr. Starkloff, it is nice to have you and Mrs. Starkloff with us and, please, you proceed with your testimony.

Mr. STARKLOFF. Thank you. Can you hear me?

Senator WEICKER. I can, but I think the people behind you probably cannot and would like to.

Mr. STARKLOFF. Thank you for inviting me to testify regarding independent living. First, Senator Weicker, I want to say that I am very proud to experience the strength of yourself and this subcommittee, which has earned the respect, trust, and admiration of the entire disabled community.

As president of the National Council of Independent Living Programs, I am deeply committed to developing a strong and stable base of financial support for independent living centers which serve a cross disability population and are administered and staffed by disabled people.

To accomplish this, I believe it is essential that existing independent living centers have ample time and funds to establish themselves in their respective communities. As Jean just said, 3 years is just not long enough to do that.

Before title VII, part B, of the Rehabilitation Act was funded in 1979, there were just a handful of independent living programs around the Nation. There are now more than 150 in practically every major urban area and in many rural areas where support services are minimal or virtually nonexistent.

The independent living concept is a relatively new one, but we are beginning to see a growing enthusiasm from the disabled and the rest of the community over what independent living can accomplish.

Personal experiences shared by both staff and other disabled persons in independent living centers have blossomed into a unique dedication to assist in achieving lives with dignity coupled with a commitment to make communities accessible to disabled persons. Most significantly, the programs have resulted in the staff's functioning as role models for the disabled with whom they work.

Now the center policies and structure have been established and refined. Many are now concentrating on fundraising, fees for services, and other possible sources of income. But this takes a great deal of time, as I stated earlier. Even though these efforts have begun, it is critical that part B funding continue for existing independent living programs and part A of title VII be funded as quickly as possible.

As you are aware, of course, language was included in the continuing resolution passed on December 21, 1982, allowing for another year of funding for the IL programs which were funded in 1981. To date, those funds have not been disbursed and the affected programs have suffered great anxiety due to layoffs, service cuts, and the inability to plan their futures.

Along with fee-for-service contractual agreements, there should be an organized referral system in place and on ongoing training program between the vocational rehabilitation agencies and independent living programs. As these agreements are being put in place, it is the responsibility of the independent living programs to simultaneously initiate public relations and fundraising programs. Ultimately, this will lead to a stabilization of the independent living programs and can strengthen the movement.

The independent living movement for severely disabled people is too important for us to allow it to die. It is still in its early stages and needs Government support to enable it to reach its full potential.

I ask for your continued support to assure the future of independent living by increasing title VII, part B, funding and to fund part A. You have demonstrated your commitment in the past and I know you will continue to do so. Thank you for what you have done and thank you for giving me the opportunity to urge your support for continued funding of title VII funded programs. Thank you.

[The prepared statement of Mr. Starkloff follows:]

FEBRUARY 24,1983
TESTIMONY BY MAX J. STARKLOFF, PRESIDENT
NATIONAL COUNCIL OF INDEPENDENT LIVING PROGRAMS
U. S. SENATE SUB-COMMITTEE ON THE HANDICAPPED
CHAIRMAN SENATOR LOWELL WEICKER

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, THANK YOU FOR INVITING ME TO TESTIFY BEFORE YOU REGARDING THE FUTURE OF INDEPENDENT LIVING. AS PRESIDENT OF THE NATIONAL COUNCIL OF INDEPENDENT LIVING PROGRAMS I AM DEEPLY COMMITTED TO DEVELOPING A STRONG AND STABLE BASE OF FINANCIAL SUPPORT FOR INDEPENDENT LIVING CENTERS WHICH SERVE A CROSS DISABILITY POPULATION AND ARE ADMINISTERED AND STAFFED BY DISABLED PEOPLE.

TO ACCOMPLISH THIS I BELIEVE IT IS ESSENTIAL THAT EXISTING INDEPENDENT LIVING CENTERS HAVE AMPLE TIME AND FUNDS TO ESTABLISH THEMSELVES IN THEIR RESPECTIVE COMMUNITIES. ALL OF US WHO HAVE BEEN INVOLVED IN THE DEVELOPMENT OF COMMUNITY BASED INDEPENDENT LIVING PROGRAMS HAVE LEARNED HOW MUCH TIME AND WORK IT TAKES TO ESTABLISH A CREDIBILITY BASE SO THE DISABLED COMMUNITY, STATE AND LOCAL INSTITUTIONS, FUNDING SOURCES AND GOVERNMENT BEGIN TO SEE US AS AN ESSENTIAL PART OF THE REHABILITATION PROCESS IN WORKING TOWARD A MORE PRODUCTIVE LIFESTYLE FOR ALL DISABLED PEOPLE.

BEFORE TITLE VII PART B OF THE REHABILITATION ACT WAS FUNDED IN 1979 THERE WERE JUST A HANDFUL OF INDEPENDENT LIVING PROGRAMS AROUND THE NATION. THERE ARE NOW MORE THAN 150 IN PRACTICALLY EVERY MAJOR URBAN AREA AND IN MANY RURAL AREAS WHERE SUPPORT SERVICES ARE MINIMAL OR VIRTUALLY NONEXISTENT. THE INDEPENDENT LIVING CONCEPT IS A RELATIVELY NEW ONE, BUT WE ARE BEGINNING TO SEE A GROWING ENTHUSIASM FROM THE DISABLED AND THE REST OF THE COMMUNITY OVER WHAT INDEPENDENT LIVING CAN ACCOMPLISH.

THERE ARE MANY SUCCESS STORIES I COULD TELL YOU, BUT I THINK THESE TWO WILL GET MY POINT ACROSS. TWO YEARS AGO, A 40 YEAR OLD WOMAN WHO IS

QUADRIPLEGIC FROM A SPINAL CORD INJURY AND WAS LIVING IN A STATE HOSPITAL FOR THE PAST TEN YEARS WAS PUT IN CONTACT WITH THE LOCAL INDEPENDENT LIVING PROGRAM. AFTER 10 MONTHS OF INTENSIVE CONSULTATION SHE MOVED INTO HER OWN APARTMENT. DURING THOSE LONG YEARS IN THE HOSPITAL MANY DIFFERENT COMMUNITY AGENCIES HAD WORKED WITH HER WITH VERY LITTLE SUCCESS. ASSISTANCE AND SUPPORT FROM THE CENTER ENABLED HER TO FIND AND UTILIZE EXISTING PUBLIC RESOURCES TO HER ADVANTAGE. BECAUSE THE LOCAL INDEPENDENT LIVING CENTER IS STAFFED BY PROFESSIONALLY TRAINED DISABLED INDIVIDUALS, THE STAFF WERE NOT ONLY ABLE TO HELP AS PROFESSIONALS, BUT ALSO AS PEERS. THIS PEER SUPPORT WAS THE KEY TO HER ACHIEVING SUCCESS.

THE PERSONAL EXPERIENCES SHARED BY BOTH STAFF AND OTHER DISABLED PERSONS HAVE BLOSSOMED INTO A UNIQUE DEDICATION TO ASSIST IN ACHIEVING LIVES OF DIGNITY COUPLED WITH A COMMITMENT TO MAKE COMMUNITIES ACCESSIBLE TO DISABLED PERSONS. MOST SIGNIFICANTLY, THE PROGRAMS HAVE RESULTED IN THE STAFF'S FUNCTIONING AS ROLE MODELS FOR THE DISABLED WITH WHOM THEY WORK.

FIGURES WERE COLLECTED FROM THE STATE INSTITUTION SHOWING THAT IN THE LAST YEAR, THIS LADY WAS LIVING IN THE HOSPITAL AT A COST TO TAXPAYERS OF $43,000. AFTER ONE YEAR OF LIVING INDEPENDENTLY IN HER OWN APARTMENT, HER LIVING COSTS WERE $13,000. THIS INCLUDED SUBSIDIZED HOUSING, FINANCIAL ASSISTANCE FROM VOCATIONAL REHABILITATION AND SOCIAL SECURITY. SHE IS NOW IN A JOB TRAINING PROGRAM AND THE POSSIBILITY OF DECREASING THESE COSTS IS VERY GOOD.

ANOTHER INDEPENDENT LIVING CENTER WAS INVITED BY A MAJOR CORPORATION IN THEIR COMMUNITY TO ASSIST THEM IN DEALING WITH EMPLOYEE PROBLEMS WHEN HIRING A SEVERELY DISABLED PERSON. THEIR NON-DISABLED EMPLOYEES WERE UNCOMFORTABLE COMMUNICATING WITH AND ASSISTING THEIR FELLOW EMPLOYEES WHO WERE DISABLED. THIS INDEPENDENT LIVING CENTER WAS HIRED TO CONSULT WITH THIS COMPANY THROUGH WORKSHOPS AND ONE-ON-ONE CONSULTATION IN OVERCOMING

THESE PROBLEMS. THE COMPANY MAINTAINS A WORKING RELATIONSHIP WITH THE CENTER AND HAS DEVELOPED A PROGRESSIVE POLICY TOWARD HIRING THE DISABLED.

THESE TWO EXAMPLES DEMONSTRATE THE DIVERSITY OF SERVICES CARRIED ON IN INDEPENDENT LIVING CENTERS EVERY DAY. NOW THAT CENTER POLICIES AND STRUCTURE HAVE BEEN ESTABLISHED AND REFINED, MANY ARE NOW CONCENTRATING ON FUND RAISING, FEES FOR SERVICES AND OTHER POSSIBLE SOURCES OF INCOME. BUT THIS TAKES A GREAT DEAL OF TIME, AS I STATED EARLIER. EVEN THOUGH THESE EFFORTS HAVE BEGUN IT IS CRITICAL THAT PART B FUNDING CONTINUE FOR EXISTING INDEPENDENT LIVING PROGRAMS AND PART A OF TITLE VII FUNDED AS QUICKLY AS POSSIBLE.

FUNDING FOR THREE YEARS IS JUST NOT ENOUGH TIME FOR A CENTER TO STABILIZE ITSELF IN ITS RESPECTIVE COMMUNITY. ALONG WITH FEE FOR SERVICE CONTRACTUAL AGREEMENTS THERE SHOULD BE AN ORGANIZED REFERRAL SYSTEM IN PLACE AND ONGOING TRAINING BETWEEN THE VOCATIONAL REHABILITATION AGENCIES AND INDEPENDENT LIVING PROGRAMS. AS THESE AGREEMENTS ARE BEING PUT IN PLACE IT IS THE RESPONSIBILITY OF THE INDEPENDENT LIVING PROGRAMS TO SIMULTANEOUSLY INITIATE PUBLIC RELATIONS AND FUND RAISING PROGRAMS. ULTIMATELY THIS WILL LEAD TO A STABILIZATION OF THE INDEPENDENT LIVING PROGRAMS AND STRENGTHEN THE MOVEMENT.

THE INDEPENDENT LIVING MOVEMENT FOR SEVERELY DISABLED PEOPLE IS TOO IMPORTANT FOR US TO ALLOW IT TO DIE. IT IS STILL IN ITS EARLY STAGES AND NEEDS GOVERNMENT SUPPORT TO ENABLE IT TO REACH ITS FULL POTENTIAL.

I ASK FOR YOUR CONTINUED SUPPORT TO ASSURE THE FUTURE OF INDEPENDENT LIVING BY INCREASING TITLE VII FUNDING AND TO FUND PART A. YOU HAVE DEMONSTRATED YOUR COMMITMENT IN THE PAST AND I KNOW YOU WILL CONTINUE TO DO SO. THANK YOU FOR WHAT YOU HAVE DONE AND THANK YOU FOR GIVING ME THE OPPORTUNITY TO URGE YOUR SUPPORT FOR CONTINUED FUNDING OF TITLE VII FUNDED PROGRAMS.

Senator **Weicker**. Thank you very much, Mr. Starkloff. The reason why you saw me turn to counsel was not that I was ignoring you. I was merely trying to get an answer to the question which you posed as to funds that were voted in the continuing resolution which have not been, as you point out, released.

Counsel indicates to me, and counsel can correct me if I am wrong, that apparently Mr. Conn has taken the position that additional funds are needed if all the centers are to be funded. My question to counsel was, does this mean that we hold back all the funds in anticipation of one or two million additional, or whatever it is.

Do you have any further knowledge on this?

Mr. **Starkloff**. Well, I understand that they are $2 million short, but they have come up with approximately $1 million in unobligated funds from the past 2 years. This is rumor; that is all I have heard.

Senator **Weicker**. But in the meantime, none of the funds have been released, is that correct?

Mr. **Starkloff**. Right. Four programs that were cut off the last time are now holding back on rehiring staff, which means they cut back on services and other things.

Senator **Weicker**. Staff will prepare this afternoon, and my signature will be on it this evening, a letter to Mr. Conn to see if we can get those funds released right away.

Mr. **Starkloff**. I appreciate that very much.

Senator **Weicker**. Thank you all very much.

Our last panel will relate to projects with industry, and we will have Mr. John Moore of Threshold Rehabilitation Services in Pennsylvania, and Judy Valuckas, president of the Connecticut Coordinating Council on Handicapped. I want to thank Judy and I want to thank John for being accommodating to Senators Eagleton and Stafford in the sense that they had to be elsewhere and they did want to introduce their constituents.

So, even though you are last, you are definitely not the least and I very much look forward to the testimony to be offered by both of you. You go right ahead and proceed in any way that you deem fit.

STATEMENT OF JOHN H. MOORE, JR., PRESIDENT, THRESHOLD REHABILITATION SERVICES, INC., READING, PA., ON BEHALF OF THE NATIONAL ASSOCIATION OF REHABILITATION FACILITIES; AND JUDITH VALUCKAS, PRESIDENT, CONNECTICUT COUNCIL ON HANDICAPPED

Mr. **Moore**. Good morning. I am John Moore. I am the president of Threshold Rehabilitation Services.

Senator **Weicker**. OK, John, get that mike up to you there.

Mr. **Moore**. OK. I am here today to represent the National Association of Rehabilitation Facilities, which is the primary national membership organization of community-based vocational and medical rehabilitation facilities. Over 350 of these organizations are vocationally oriented and provide a wide range of services to both physically and mentally handicapped persons. These services include evaluation and testing, skills training, work adjustment training, sheltered employment, and job placement.

Today, I would like to talk briefly about one of the most unique programs within the Rehabilitation Act, which is projects with industry, or PWI as it is commonly called. This program began in 1968 as a small project within the Rehabilitation Services Administration to involve private industry in the rehabilitation process.

The Rehabilitation Act of 1973, as amended, recognized the early success of PWI and incorporated it as a separate component within the Rehabilitation Act. Now, PWI is not a single program model, but it is a concept that placement into competitive jobs should be the goal of vocational rehabilitation, and that the business community should have a strong role in the rehabilitation process.

The development of rehabilitation programs over the years has placed a lot of emphasis on the identification of handicapping conditions and the evaluation of a handicapped person's capabilities. We have made a lot of progress in adapting training programs and special equipment to the needs of handicapped persons.

For many years, however, efforts to get those persons into jobs and to incorporate the private sector into that process did not receive the same emphasis that evaluation and training received.

Now, the concept of projects with industry helps to complete that process and to close that loop and to allow the private sector to become part of the rehabilitation process.

PWI has demonstrated that with concentrated efforts, severely disabled persons can be placed into competitive jobs much more quickly and at lower cost than had previously been anticipated. The key to the PWI concept has been the involvement of the business community.

Among the several PWI models that have been developed, all have business playing a central role. In some cases, it is the actual business concern that administers the program and places the handicapped trainees. IBM and Control Data have impressive programs.

In other instances, national trade associations have taken the lead, such as the National Restaurant Association. Most PWI programs, however, are administered in local communities by local rehabilitation facilities. PWI programs at the New Haven Easter Seal Goodwill Rehabilitation Center is one of the oldest PWI programs and one of the best examples of what such a program can accomplish.

In all of these local programs, a business advisory council helps establish actual job needs in the community, sets standards for training and placement, and assists in the actual placement process. The business community brings new measures of success to the rehabilitation process. These measures exemplify productivity, cost effectiveness, accountability and bottom-line results.

Social service principles and values are still important in the process, but they are not to be an excuse for poor results.

Nationally, PWI programs have placed somewhat over 50,000 disabled persons in competitive jobs. The average salary paid to these PWI graduates has been over $9,000 per annum. Seventy-five percent of the disabled persons enrolled in PWI were placed. The cost to the Federal Government was less than $1,000 per placement.

The Federal funds were supplanted by other State and local funds, including Vocational Rehabilitation funds. Over 11,000 businesses have participated in the PWI program.

The National Association of Rehabilitation Facilities has administered a nationwide PWI program since 1978. We work with five of our State chapter organizations and 20 rehabilitation facilities to develop programs which use transitional work slots in industry and training based on the recommendations of local employers.

Last year, the NARF project placed 493 handicapped persons through a combination of Federal, State, and local funds. Most of the clients were severely handicapped, with the vast majority being diagnosed as mentally ill and developmentally disabled. The salary range for the persons placed was between $6,432 and $19,200.

A recent independent survey taken by the Portland State University found that in fiscal year 1981, the average hourly wage earned by PWI clients was $4.75. The average cost per placement was $737 in Federal funding in that year, and in a survey of clients placed through PWI compared to other placement programs, it was found that twice as many PWI-placed clients were likely to be promoted within their jobs.

The National Association of Rehabilitation Facilities believes that the proven success of PWI over the last 15 years clearly justifies expansion of the PWI concept. Although PWI has received increased funding over the past several years, it is time that PWI be given higher visibility. Congress should provide a funding level which would encourage PWI programs in all States and will allow expanded programs in certain industries which hold the most promise for jobs.

NARF recommends an authorization level of at least $25 million for fiscal 1984. NARF feels this figure is fully justified, given the reduction in public assistance costs and the increased tax revenues that would be realized from the more than 18,000 handicapped persons that could be employed if the full authorization of $25 million was appropriated.

We also feel that PWI should be given a separate title in the Rehabilitation act as a concrete indication of Congress 'commitment to providing meaningful employment opportunities to handicapped persons. PWI should continue as a discretionary national program within the Rehabilitation Services Administration.

The flexibility of cooperative agreements between the RSA commissioner, the private business sector, and the private nonprofit sector should continue. The flexibility afforded under the current program has allowed and encouraged many businesses to participate in the program which might not otherwise have been willing to take the initiative to take part in PWI.

This flexibility has also allowed local rehabilitation agencies to tailor PWI programs to meet local needs. If anything, added emphasis should be placed on the cooperative nature of the program between the business community and the local rehabilitation agencies that can assist business in the training and placing of handicapped persons into meaningful jobs.

Mr. Chairman, I cannot let the opportunity pass to express the appreciation and thank you of the National Association of Rehabilitation Facilities and our many members and handicapped clients for the work and support of this committee.

Our association stands ready to work with you and your staff and the other members of your committee toward an early reauthorization of the Rehabilitation Act, and we will provide a more comprehensive statement on all aspects of the reauthorization before the record is closed. I will be glad to answer any questions if you have any.

Senator **Weicker**. Mr. Moore, thank you very much for your valued testimony and we will look forward to receiving your more detailed statement.

[The prepared statement of Mr. Moore follows:]

NATIONAL ASSOCIATION OF REHABILITATION FACILITIES
P.O. Box 17675, Washington, D.C. 20041 • (703) 556-8848
James A. Cox, Jr., Executive Director

STATEMENT OF

John H. Moore, Jr.

President

Threshold Rehabilitation Services, Inc.
Reading, Pennsylvania

On Behalf Of

The National Association of Rehabilitation Facilities

Before The

Subcommittee on the Handicapped

Committee on Labor and Human Resources

United States Senate

February 24, 1983

Good morning, Mr. Chairman, I am John Moore, Jr., President of Threshold Rehabilitation Services, Inc., of Reading, Pennsylvania. I am here today representing the National Association of Rehabilitation Facilities.

NARF is the primary national membership organization of community-based vocational and medical rehabilitation facilities. Over 350 of these organizations are vocationally-oriented, providing a wide range of services to both physically and mentally handicapped persons. These services include evaluation and testing, skills training, work adjustment training, sheltered employment and job placement.

The Rehabilitation Act of 1973, as amended, has for many years provided the foundation for the provision of services to mentally and physically disabled persons. The modern federal rehabilitation program has its roots back to the 1920s and has served as a clear indication of the federal government's responsibility and commitment to provide meaningful programs for America's disabled citizens.

The vocational rehabilitation program has always been a cooperative arrangement between the federal government, the states and the thousands of private, non-private community facilities providing services to disabled persons. NARF is proud to represent the private, nonprofit sector of the rehabilitation community.

Today I would like to talk briefly about one of the most unique programs within the Rehabilitation Act, Projects With Industry. Projects With Industry, or PWI as it is commonly called, began in 1968 as a small project within the Rehabilitation Services Administration to involve private industry in the rehabilitation process. The Rehabilitation Act of 1973, as amended, recognized the early success of PWI and incorporated it as a separate component within the Rehabilitation Act.

PWI is not a single program model but a concept that placement into competitive jobs should be the goal of vocational rehabilitation and that the business community should have a strong role in the rehabilitation process. The development of rehabilitation programs over the years has placed much needed emphasis on identification of handicapping conditions and evaluation of a handicapped person's capabilities. Much progress has also been made in adapting training programs and special equipment to the needs of handicapped persons. For many years, however, efforts to get these handicapped persons into jobs did not receive the same emphasis that evaluation and training received. PWI emphasizes closure of the rehabilitation process.

PWI has demonstrated that with concentrated efforts severely disabled persons can be placed into competitive jobs much more quickly and at lower costs than had previously been experienced. The key to the PWI concept has been the involvement of the business community. Among the several PWI models that have been developed, all have business playing a central role. In some cases, it is the actual business concern that administers the program and places the handicapped trainees. IBM and Control Data have had impressive programs. In other instances, national trade associations have taken the lead such as the National Restaurant Association. Most PWI programs, however, are administered in local communities by local rehabilitation facilities. PWI programs at the New Haven Easter Seal-Goodwill Rehabilitation Center is one of the oldest PWI programs and one of the best examples of what such a program can accomplish. In these local programs, a business advisory council helps establish actual job needs in the community, sets standards for training and placement and assists in the actual placement process. The business community brings new measures of success to the rehabilitation process. These measures exemplify productivity, cost effectiveness, accountability and bottom line results. Social service principles and values are still important but they should not be an excuse for poor results.

Nationally PWI programs have placed over 50,000 disabled persons in competitive jobs. The average salary paid to these PWI graduates has been over $9000 per annum. Seventy-five percent of the disabled persons enrolled in PWI were placed. The cost to the federal government was less than $1000 per placement. The federal funds were supplanted by other state and local funds, including vocational rehabilitation funds. Over 11,000 businesses have participated in the PWI program.

NARF has administered a national PWI program since 1978. NARF works with five NARF state chapters and 20 rehabilitation facilities to develop programs which use transitional workslots in industry and training based on the recommendations of local employers. Last year, the NARF project placed 793 handicapped persons through a combination of federal, state and local funds. Most of the clients were severely handicapped with the vast majority being diagnosed as mentally ill and developmentally disabled. The salary range for these persons placed was between $6,432 and $19,200.

An independent survey undertaken by Portland State University found that in fiscal 1981 the average hourly range earned by PWI clients was $4.75. The average cost per placement was $737 in federal funding. In a survey of clients placed through PWI and other placement programs, it was found that twice as many PWI clients were likely to be promoted.

NARF believes that the proven success of PWI over the past 15 years clearly justifies expansion of the PWI concept. Although PWI has received increased funding over the past several years, it is time that PWI be given higher visibility. Congress should provide a funding level which will encourage PWI programs in all states and will allow expanded programs in certain industries which hold the most promise for jobs. NARF recommends an authorization level of at least $25 million for fiscal 1984. The current funding level is $8 million and the Reagan Administration has recommended $11 million for fiscal 1984. It would take much more than $25 million to meet the needs of handicapped persons who could be placed into competitive jobs. NARF firmly believes that rehabilitation facilities and the business community could meet that need given adequate resources. NARF realizes that an increase of threefold to the appropriations for PWI would not be easily obtained, therefore this recommendation is for an authorization level of $25 million to emphasis the need to expand PWI. NARF feels this figure is fully justified given the reduction in public assistance costs and the increased tax revenues that would be realized from the more than 18,000 handicapped persons that could be employed if the full authorization of $25 million was appropriated.

PWI should be given a separate title in the Rehabilitation Act as a concrete indication of Congress' commitment to providing meaningful employment opportunities to handicapped persons. PWI should continue as a discretionary national program within the Rehabilitation Services Administration. The flexibility of cooperative agreement between the RSA Commissioner, the private business sector and private nonprofit sector should continue. The flexibility afforded under the current program has allowed and encouraged many businesses to participate in the program which might not otherwise have been willing to take the initiative to take part in these programs This flexibility has also allowed local rehabilitation agencies to tailor PWI programs to meet local needs. If anything, added emphasis should be placed on the cooperative nature of the program between the business community and the local rehabilitation agencies that can assist business in training and placing handicapped persons into meaningful jobs.

Mr. Chairman, I cannot let this opportunity pass to express the appreciation and thanks of NARF, its members and the handicapped individuals who are served and employed in rehabilitation facilities for the leadership you have exhibited as chairman of this subcommitee.

NARF staff stands ready to work with you and your staff towards early reauthorization of the Rehabilitation Act of 1973, as amended. A comprehensive statement on all aspects of the reauthorization will be submitted by NARF before the record is closed.

I will be glad to answer any questions you or other members of the Committee might have. Thank you.

Senator **Weicker**. Judy, you go right ahead. It is good to have you.

Ms. **Valuckas**. Thank you, Senator. I am not addressing you as president of the Connecticut Coordinating Committee of the Handicapped, but I would like to take this opportunity to thank you on behalf of CCCH for the support you have given the disabled.

I might add that as a member of the Little People of America, I am used to being the least of the last, and also the middle and the first. [Laughter.]

Ms. **Valuckas**. I am highlighting my written testimony to indicate the role that projects with industry has played in my own independent living. Ten years ago, after receiving an education funded through DVR and working for the State of Connecticut, it was necessary for me to leave my job to undergo a series of operations and a long period of recovery. I found myself in the same position then that a great many disabled have had, not having a job, not knowing if I could work, and not feeling I had any marketable skills at the time.

After having to prove that I was sufficiently disabled not to work, I was able to receive social security disability benefits. I received less than $5,000 a year, which enabled me to maintain myself at below the poverty level for my area of the country.

Quite by chance, through my involvement with the legislative coalition in Connecticut, I came across the New Haven rehab center and their computer programing training program, and I requested, after I had seen the program, to enter the course. I knew that I had found what I had been looking for. I had an opportunity to learn a marketable skill. I had my confidence bolstered by being with people who were starting over or just starting out. I had counselors to help me retool my interviewing and job-seeking skills. I had an opportunity to meet prospective employers and to visit possible places of employment.

I was learning a new skill that would not just fade away either. I knew that if I should have to leave my job again for medical reasons, I would have a skill that was in demand and a place to start from. When I had finished the 11-month program at the New Haven rehab center, I not only had a firm job offer, and I had several, but I knew I could do the job and keep doing it.

For the past 2½ years, I have been employed by Aetna Life & Casualty in Hartford as a programer, and each year I have paid in taxes what I had been making each year on social security. I earn over $20,000, and I can once again provide my own transportation, pay for my own special needs, such as special shoes or equipment that I need for my disability, and live in my own apartment.

I know I can take some credit for my own success, because I know that one does not just passively place a client; that you have to actively participate in your program, using your own resources. But at the same time, I know that a successful program such as the one in New Haven was the product of a lot of hard work on the part of many professionals, skilled in bringing together all the facets needed to make it work.

The active involvement of the business community, the participation of the rehab center, the client recruitment and evaluation, and the job counseling and interviewing just did not come about; they came about and were going on behind the scenes all along, and they still are.

If there is any point to my own independent living, it is that I ask that this project be continued and supported. Thank you.

[The prepared statement of Ms. Valuckas follows:]

JUDITH VALUCKAS
HOME PHONE (HARTFORD) 569-6384

President- CCCH
130 Nutmeg Lane
East Hartford, Ct.
06118

TESTIMONY TO BE DELIVERED FEBRUARY 24, 1983

Good morning/good afternoon Senators - my name is Judith Valuckas from Watertown, Connecticut, and I would like to tell you of some of my experiences as a disabled person.

I was born 37 years ago at a time when most persons with my physical disabilities would have almost certainly been placed in an institution or remain at home with family with little hope of being mainstreamed into American life.

With the support of my family and some members of the local school system, I was able to attend local grammar and high schools. Even so, there were major obstacles to overcome - from crawling onto local school buses to climbing up flights of stairs to get to a classroom. I considered myself lucky as most of my disabled contemporaries, who were only slightly less able to get around than I, were tutored at home until the age of 16 and left in the care of their families with little or no skills or knowledge of life on their own.

With funding from the Division of Vocational Rehabilitation, I was able to attend college and received a B.A. in English in 1968, but the transition from school to work was far from easy. It was commonplace even as recently as the late 60's among the disabled to believe that much of the private sector was forbidden territory as far as getting a job was concerned and that one's best bet was to pass a civil service exam and hopefully get a job with the State. This is what I did after looking over a year for a job - in vain. In 1970 I started work as a Research Analyst for the Dept. on Aging and kept that job for over three years. I was able to support myself and bought my own car and earned a good salary for the time.

Due to orthopedic problems I had to leave my job and undergo a long series of operations with an even longer period of recuperation following. After a while when I had furnished proof that I was sufficiently disabled enough not to be able to work, I was authorized to receive Social

Security Disability benefits. Based on a percentage of my earnings, I received less than five (5) thousand a year on the average for the next five years. For my area of the country I was maintaining myself at below the poverty level. I lived with my family to save some expenses and saw my car getting older every year with no hope of having the income to replace it. I felt my days as a captive drawing closer. I found myself now in a position where I had "caught up" with those disabled contemporaries I had "left behind" and with the newly physically or emotionally disabled or those on the sidelines of a changing job market. I needed to do something to ensure my future. I had little hope of finding a way out or the wherewithal to do so.

Fortunately for me and a lot of others, positive things were happening for disabled Americans in the 70's. Legislation, hard won, was passed ensuring more participation for the disabled in American life. Handicapped persons were joining together in coalitions, along with able-bodied supporters to make their new-found confidence felt and presence known. I told myself that if I couldn't work full time I could at least do volunteer work part-time. For two years I volunteered my time to a housing for the handicapped project sponsored by the Connecticut Coordinating Committee for the Handicapped and I joined a legislative coalition that was following bills affecting the handicapped in the Connecticut Legislature.

After attending a legislative coalition meeting at the New Haven Rehab. Center in May of 1979, I was given a tour of the Center and shown where a class in computer programming for the handicapped was being taught. The person giving the tour remarked that they were looking for women to join the then all male class for the following year. For once, I was at the right place at the right time when opportunity knocked - and smart enough to hear it. That afternoon, before I left, I asked how to get into the program.

I knew I had found what I had been looking for. I was able to have my tuition funded (again by DVR) while I was learning a marketable skill. I had an opportunity to test my endurance and stamina to work a whole day, day after day, without fear of failing if I couldn't make it or losing what benefits I had. I had my confidence bolstered by being with others in the same position of "starting over" or just starting out. I had counselors to help me re-tool my interviewing and job seeking skills, an opportunity to meet with prospective employers and to visit possible places of employment. And I was learning a new skill that would not just fade away. If I should have to leave a job again, for medical reasons, I would have a skill that was in demand and a place to start from. When I finished the 11 month program I not only had a firm job offer, but I knew I could do the job and keep doing it.

For the past two and one-half years I have been employed by Aetna Life and Casualty in Hartford as a programmer. Each year there I have paid in taxes what I had been making per year on Social Security, and once again I have enough income to provide for my own transportation, pay for my own special needs, such as special shoes, and live in my own apartment. I know that I can take some credit for my success as it has been my experience that success in any program requires more than passive "placement" on the part of a client but active participation on the part of a willing and active person.

At the same time I am aware enough to know that a successful program, such as the one I was in in New Haven, was the product of a lot of hard work on the part of many professionals skilled in bringing together all the facets needed to make it work. The active involvement of the business community, the participation of the rehab. center, the client recruitment and evaluation, the job counseling and interviewing just didn't come about - they were going on behind the scenes all along and are still going on through the continuing efforts of Projects With Industry.

Senators, if there is any point to my story or happy ending it is that you be willing collaborators in a conspiracy of success for others, that you enable the same opportunities to happen for the many who are still looking for a way out, who are still "left behind". I think the continued funding for programs such as Projects With Industry is a concrete way that you can demonstrate such a commitment. Thank you.

Senator **Weicker**. Judy, thank you very much. I think you do great credit both to the concept and as being a living example as to how this matter works out. I am deeply appreciative to both of you for testifying before the committee this morning.

[Additional material submitted for the record follows:]

STATEMENT OF
THE TEN COMPREHENSIVE REHABILITATION CENTER PROJECTS
BEFORE THE
SUBCOMMITTEE ON THE HANDICAPPED
OF THE
LABOR AND HUMAN SERVICES COMMITTEE

RELATIVE TO
COMPREHENSIVE REHABILITATION CENTERS
AS AUTHORIZED BY
THE REHABILITATION ACT OF 1973, AS AMENDED

February 24, 1983

This statement has been prepared for the Subcommittee on the Handicapped of the Labor and Human Services Committee by the ten originally funded Comprehensive Rehabilitation Center projects. Section 305 of the 1978 amendments to the Rehabilitation Act (of 1973) authorized a program entitled, "Comprehensive Rehabilitation Centers" (CRC). The purpose of the program was to provide a community resource for the coordination of rehabilitation services to handicapped individuals. The emphasis of the CRC program was to concentrate on locating and filling gaps in services, on preventing overlap and duplication, and on serving as a focal point in the community for the delivery of services to the handicapped. Services under this program were to include 504 technical assistance, information and referral, rosters of support personnel (such as interpreters, readers, advocates, etc.), rehabilitation counseling, recreation, and other health, education, social, and vocational services as deemed necessary in the local community. The delivery of CRC services could be from a single facility, a group of facilities in coordination, or an information and referral program that directed the handicapped to appropriate community resources. In other words, the Center would enable the handicapped and other associated persons within the community to locate and receive the information and/or services needed to meet their needs.

In the spring of 1980, grant competition for Comprehensive Rehabilitation Center projects was announced by the Rehabilitation Services Administration. During the first year, $2,000,000 was made available to fund 10 projects (one in each federal region). In September of 1980, grants were awarded for projects in Rhode Island, Arkansas, Utah, Pennsylvania, California, Florida, Iowa, New Jersey, Virginia, and Wisconsin. Immediately, these states began to develop CRC's to meet the needs identified in their locale. A description of the CRC programs, developed in each state, is presented at the end of this report. A review of these descriptions will result in the conclusion that these projects were both diverse and innovative in their approach to the development of programs. These Centers and the CRC concept held out a new model of cooperation and service delivery for the future. As with any new concept or project, it takes time to develop and refine a program. Therefore, the grants were awarded for a three year period. This period was cut short by one year due to a legislative oversight that eliminated funding for the third year of the projects. This came at a crucial time because the CRC programs were just reaching a level of full productivity. The success of these programs during the first two years of operation helped many of the projects to secure partial funding for an on-going program. In one state, the CRC even showed an increase in their third year budget. In two states the program was totally eliminated but, even then, reminants of the program were transferred to other sources. The concept of the CRC was and is supported by the State Rehabilitation Agencies, and should be given the opportunity to mature. The ten Center Directors have many years of experience in Rehabilitation prior to their involvement with the project. They have seen the need and after short experiences have confirmed the need for such programs. With the current budget situation for Vocational Rehabilitation, it seems appropriate that the goals of the CRC should be sought after. If continued, the CRC projects will provide a model (s) whereby the goals of cooperation, non-duplication, and utilization of available community resources can be achieved.

On the following pages, a description of each of the Center's programs is provided for review.

IOWA - COMPREHENSIVE REHABILITATION CENTER (FACILITATION INFORMATION & REFERRAL SERVICES TODAY) (FIRST)

Iowa's Comprehensive Rehabilitation Center is administered by the Rehabilitation Education and Services Branch of the state's Department of Public Instruction. By establishing this project in its newly completed 145,000 square foot complex, the state agency has assured that all disabled persons will have timely access to both information and essential services.

A statewide, WATTS line labeled DIAL (Disability Information Assistance Line) has been installed which enables any disabled person to call toll free to obtain information on service availability. The System has TTY capability.

Information files are arranged by service and provider records which are cross-referenced to permit a search from either direction. It is anticipated that the present manual system will be automated in the near future.

The Information and Referral Unit is staffed by professional vocational rehabilitation staff including an interpreter for the deaf. Staffing in this fashion makes counseling and referral services immediately available. These professionals are then able to provide follow-up services, vocational rehabilitation or otherwise, depending upon the situation. Transaction records are kept to determine the demand for services and to assist in detecting any gaps or overages in the existing framework.

An advisory committee appointed by the agency director monitors progress of the project and assists in community liaison activity. It is composed of disabled consumers, representatives of consumer groups, providers of service, representatives of business and industry, labor, and the project director who chairs the group. A principle responsibility is recommending adjustments in service offerings where imbalances are observed.

A Consumer Match program has been established which supplements, but does not supplant traditional job placement channels. This program, which couples employer accounts (serviced by placement specialists) and client resumes detailing job skills, is reviewed daily. It is operational only in the central Iowa area at the present time. Preliminary steps for expansion have, however, been taken in both eastern and western parts of the state.

A third major component is referred to as the Facility Placement Team. This unit is staffed by a rehabilitation counselor, a job placement specialist, and a rehabilitation engineer. In addition to providing direct placement services (including fabrication and job site modification) for severely disabled persons, consultation and technical assistance is offered to private and public non-profit organizations and others concerned with Section 504 of the 1973 Vocational Rehabilitation Act. This unit has received wide recognition and the rehabilitation engineer received the Citation Award of the International Association of Personnel in Employment Security at its meeting in Toronto, Canada, in 1981.

An adaptive device resource library is being developed which consists of separate files: bioengineering devices, devices design, functional limitation resources, rehabilitation engineering, and rehabilitation engineering centers. At present, two are operable: devices design and functional limitation resources. The devices design file is organized according to area of use, e.g communication, employment, etc. The functional limitations file is organized by the affected part, e.g., movement of the head, upper extremity, etc. The files are cross-referenced for ease of access.

An additional functional component of the CRC is recreation services. Efforts have been directed to identify, promote, and provide appropriate recreational facilities for disabled persons within and without the rehabilitation complex. A close liaison has been established with the therapeutic recreation program at the State University of Iowa. There has also been extensive involvement in activities for the International Year of Disabled Persons.

Recreation has been maintained as a separate unit through the development phase. It is, however, planned to merge the off-site records with the I & R file. The recreation specialist will then devote more time to cordinating activities within the complex.

Perhaps the most exciting feature of the CRC is that it has enabled the state agency to address recommendations made by its clientele for meeting the needs of disabled people. Counseling, placement, and timeliness issues are dealt with directly through I & R, the Consumer Match, and the Facility Placement Team. Public information suggestions are approached through I & R, the DIAL line, and the Advisory Committee. Socialization opportunities are attended through recreation.

Seven specific objectives had been originally outlined for the project. Though not listed here, each related to one of the units described above. Progress has been made in every instance in meeting those objectives. The chief remaining hurdle is automation. Funds originally requested for this purpose were necessarily reallocated to cover the cost of personnel to develop and provide the wide range of services included in the project. Hopefully, resources will yet be uncovered to continue and strengthen these early efforts and to get information services on line.

If this can be done, the agency's network of offices provides an ideal structure for providing access to information and to services to all disabled persons in all areas of the state.

In its short existence, the CRC has come to be regarded as the microcosm of rehabilitation services for disabled Iowans.

MICROFILMED FROM
BEST AVAILABLE COPY

WISCONSIN - CURATIVE REHABILITATION CENTER

Curative was selected as the facility to administer the Comprehensive Rehabilitation Center Project by the Wisconsin Division of Vocational Rehabilitation because of its long history of providing quality comprehensive rehabilitation services to the people of the State of Wisconsin. Curative Workshop was founded in 1919 by the Junior League of Milwaukee. During its 62 years, it has grown to become a comprehensive outpatient medically oriented facility serving physically, mentally and developmentally disabled children and adults. To more accurately reflect this expanded operational scope, the facility was renamed Curative Rehabilitation Center (CRC) in 1919.

For those of you not familiar with Milwaukee, Wisconsin - outside of beer commercials - it is located in Southeastern Wisconsin, on the western shore of Lake Michigan. The seven (7) county area, comprising southeastern Wisconsin, has a population of approximately 2,000,000 nearly 40% of the state total. It is also estimated that this region is home to 50% of the state's disabled population due partly to the concentration of heavy industry there and a corresponding increase in job related disabilities. Some of the factors considered in the selection of CRC for the Comprehensive Rehabilitation Center Project are:

1. CRC is the only rehabilitation facility in the state accredited by the Commission on the Accreditation of Rehabilitation Facilities in all seven (7) program emphasis areas. It is also true that it is the only rehabilitation facility in the nation accredited in all program emphasis areas.
2. CRC is presently preparing for accreditation by the Joint Committee on the Accreditation of Hospitals (JCAH). If this venture is successful, it will be the only facility of its type to receive this type of accreditation.
3. CRC is one of the three (3) nationally recognized centers for Neurodevelopment muscular training.
4. CRC is a member of the Milwaukee Regional Medical Center Campus.
5. CRC is a major affiliate of the Medical College of Wisconsin.
6. CRC is physically located in a modern $9,000,000 facility; operates seven (7) satellite facilities and employs a staff of approximately 350 individuals.
7. CRC provided continuing educational programs that were attended by approximately 1300 persons from 33 states and 3 foreign countries in 1980.
8. CRC has received numerous federal grants, and is experienced in providing specialized, coordinated developmental service programs funded under governmental and/or private auspices.
9. CRC served approximately 7,000 individuals in 1980.

Curative's CRC is presently operating in five (5) component areas. These areas were selected both to meet funding designations and to respond to local service gaps.

In order of discussion, these five areas are: (1) I & R, (2) Adapted Recreation, (3) Rehabilitation Engineering, (4) Specialized Job Development and Placement, and (5) Community Development.

In turn, each of these component areas is being implemented through specific activities in five (5) functional areas. These are: (1) Program development, (2) Technical Assistance, (3) Coordination, (4) Follow up/Evaluation, and (5) Dissemination and Replication.

The governance structure for the Project is a replication of that used in the Training Services Grant Program. Twenty-one members constitute the Advisory Committee for the Project, including representatives from all the CARF - accredited rehabilitation facilities in Southeastern Wisconsin, four (4) colleges and universities, a center for independent living, a county commission on the disabled, the state VR agency, and the statewide facility voluntary organization, presently representing 69 facilities. Present staffing patterns include six (6) full time staff and a Project subcontract for I & R services.

The I & R subcontract is being performed by an organization called the Wisconsin Information Service. They are the largest I & R vendor in Wisconsin with current operations handling over 50,000 calls per year with information on over 1200 agencies. The focus of this component is to provide Wisconsin Information Service with the capability to serve the disabled through the completion of a new non-medical data matrix.

As in most on-line systems, this matrix, when fully developed, has enormous advantages over smaller manual systems. Of particular interest is the use of what we call our IRUF form, which stands for I & R User Follow-up.

When an information call is taken, certain caller information is voluntarily requested. This information is input for later random selection and follow-up. During the follow-up, callers are asked, among other things, if the information given was accurate and helpful; whether a suggested agency was contacted; if not, why not, etc. This process serves as an evaluative tool to assure that all information is accurate, that referrals are appropriate and that agencies which list certain services are actually providing them.

A very recent development has been the Project's involvement with the Milwaukee Federated Library System and a neighborhood based information system called The Answer Place - acronym TAPS. This system, when complete, will enable local libraries to store and disseminate information typically not found in large I & R data bases. Project staff will be cooperating in this development with specific emphasis and programs of interest to the disabled.

A second Project component is Adapted Recreation. The thrust of this component is to provide technical support to municipal recreation departments, voluntary organizations, rehabilitation agencies and private recreation vendors. Obviously, implementation activities could be the subject of lengthy discourse, but some brief examples follow.

A category of assistance rendered by the Project centers around the general subject of community events. Summerfest is the third largest outdoor festival in the nation. Special discount attendance for the disabled drew over 5,000 persons. And, last week, over 7,000 disabled were hosted by an Italian festival.

Fun Olympics is a special non-competitive event day co-sponsored by the CRC, McDonald's corporation and the Wisconsin State Fair. We estimate this year's attendance at over 2,000 persons drawn from all over the state. In specific events alone, the Project will have served over 15,000 persons.

Cerebral Palsy Games are not presently being offered in Wisconsin, having been only recently introduced to other Midwest states. For those of you not familiar with CP games, they are competitive events which may include individuals with a wide variety of disabilities. Of particular interest to us were the varying roles which health and recreation professionals could perform in relation to a central activity. For example, trained certifiers are needed to classify participants into one of seven classes based on functional limitations. University departments are being asked to provide training facilities and student volunteers, etc.

The Project also provides experiential workshops for disabled persons who would like to learn certain skills. We recently completed a bowling workshop with 43 participants. Bowling theory and technique were discussed and demonstrated by disabled bowlers and all types of adaptive equipment were available for use. This particular workshop geared to those individuals who were not participating in any form of organized recreation.

A recently begun program is one which we call our mentor program. Very simply, the Project matches, on a one-to-one basis, disabled individuals who would like to teach or learn a specific recreational activity. For example, a woman confined to a wheelchair was paired with a paraplegic golfer, who was willing to teach techniques and adaptation he had made.

On some occasions the Project serves as liaison for private groups that provide outings for the disabled. Another goal is to increase the capability of private vendors to program for, and accept, non-traditional customers. Finally, the Adapted Recreation component works to increase the utilization of existing programs through referral and publicity.

A third Project component is Rehabilitation Engineering. Although this component has been implemented, we believe that it will have a great impact on rehabilitation services. There are three directional thrusts or emphasis areas.

The first area emphasizes the use of the engineer to provide support for the recreation component; specifically to aid in the design of adapted equipment for use by disabled individuals in recreational or leisure activities.

A second emphasis involves the development, planning and implementation of engineering services to business and industry to provide environmental and worksite modifications for disabled job applicants or employees.

Third, the rehabilitation engineer is available to provide support for the modification of Independent Living environments. We believe this to be particularly important in light of recent deinstitutionalization mandates.

The fourth Project component is Specialized Job Development and Placement. It's no secret that with funding cutbacks, and pressure on rehabilitation services generally, that placement services have been severely affected. This has been particularly true in Wisconsin. Acknowledging this fact, we initiated a Job Seeking Skills program. Melding different job club and job seeking approaches, we utilize a structured 10-day, 2 hour per day program which emphasized dress and grooming, resume writing, job prospecting, interviewing, and above all, self-confidence. Discussions, vidoetaping and practice are all utilized.

Several features of this approach are its mobility - we offer this training at different sites dependent upon demand. Also, we will soon be using retired business executives in mock interviews to add a touch of realism. We also offer single day workshops on the same subject.

Another version of the Job Seeking Skills Program is training trainers to use this approach and providing them with all materials which we use.

Another program within the Specialized Job Development and Placement Component is a Lead Network. Very simply, the Lead Network is a formalized notification process by which job orders are quickly passed to a network of rehabilitation counselors and placement specialists. When counselors are unable to fill a job request from their caseloads, they refer the lead to the Project along with position details. In turn, the CRC **immediately** notifies the network.

There are two aspects of this program which make it successful. First, speed is critical. An employer who has expressed interest in hiring a disabled employee, will quickly lose interest if referrals are not made within reasonable time periods. Second, the existence of the network also makes it possible to present several qualified applicants for the employer's choice. Within 24 hours, the network can assess counselors serving over 1,400 clients.

In the last two months, the Lead Network has succeeded in ten (10) placements, with an additional four (4) pending. Placements have ranged from factory work, to office help, to a tool and die apprentice with an ultimate salary of $12.48 per hour.

Lastly, the Project provides 503-504 consultation in two ways. First, we work **proactively** with agencies or businesses which need help in revamping affirmative action programs to effect more intensive hiring of the disabled. For instance, we have recently begun work with Wisconsin Telephone, the local Bell subsidiary.

Second, we are working with the local office of Federal Contract Compliance who has been naming the Project as a contact in non-compliance letters. So - if we don't get them one way, we get them another.

Finally, the fifth Project component is Community Development. The Project provides technical support to planning and funding agencies, whenever possible. We are currently cooperating in a county-wide disabled housing needs and demand study. Other agencies involved include HUD, Wisconsin VR, State Bureau of Developmental Disabilities, County Combined Community Service Board, United Way, to name just a few.

Lastly, it should be said that nearly all activities in which we are involved are jointly programmed. We consciously involve, or seek support from units of government, rehabilitation agencies, funding bodies, private industries and businesses. During September, we are cosponsoring a two-day event with 38 other organizations! In this way, we are fairly assured that maximum impact is retained.

VIRGINIA - COMPREHENSIVE REHABILITATION CENTER COMMUNITY REHABILITATION SERVICES SYSTEM

The Community Rehabilitation Services System (CRSS), administered by the Department of Rehabilitative Services (DRS), exists to provide comprehensive rehabilitation services to handicapped individuals in Health Service Area V of the Commonwealth of Virginia. Through these services handicapped individuals will increase their ability to function independently in society, reduce dependency on others, develop stability in the family unit, and become better prepared for competitive employment.

The primary objective of the CRSS Client Evaluation Program is to assess an individual's functional potential and to formulate specific recommendations for a realistic rehabilitation plan. This shall include recommendations for the individual to prepare for and engage in gainful employment or for those for whom a vocational goal is not feasible, recommendations for improving their ability to live with greater independence and self-sufficiency. These recommendations provide the following information to the individual and the referral source: (a) whether the individual is ready to make vocational decisions; (b) areas where the individual may need to change, including adjustment to a disability or gaining information and knowledge of the work world; (c) potential for specific training areas, placement, or other rehabilitative services; and (d) specific treatment modalities to enhance an individual's ability to live independently and function within his family and community.

The Community Rehabilitation Services System provides comprehensive rehabilitation services. As a component of the system, a Job Seeking Skills Program has been implemented to assist individuals in obtaining employment. The services provided by the program are needed because many individuals in the area wish to become employed but lack the knowledge, confidence, and self-esteem necessary to obtain employment.

The program is designed to assist individuals seeking employment through learning the following skills: how to complete application forms, display appropriate behaviors during interviews, give positive answers to problem questions, prepare a resume'/personal data sheet, and schedule interview appointments by telephone. Clients will be taught to interpret standard paycheck deductions that will be made in their paychecks. Tips on good grooming will be discussed. These goals will be accomplished through the use of lectures and discussions, peer counseling, role playing, video taping, and critiquing behavior analysis and feedback.

Clients will have the opportunity to practice discussing their problem areas openly with others in the group. Clients will practice discussing these problem areas in a positive way during role playing situations to illustrate how these areas might be discussed in reality during an interview. Emphasis will be placed on the client's ability to explain his/her problem areas in a positive way and relate any changes made relative to obtaining a job. The staff will help the clients to build self-esteem through constant practice of stating assets, skills, and abilities on a daily basis. Clients will be trained to recognize the different resources available in locating jobs.

The J.S.S. Program lasts seven days with extensions of time as indicated. The staff will provide services on an individual or group basis relative to clients' needs. The program is designed to serve ten clients per session. Each session will begin at 8:30 a.m. and end at 3:30 p.m.

The Independent Living Program is designed to establish consumer based advocacy mechanisms and support services that will enable the severely handicapped to choose and obtain their maximum level of self-directed independence within the community. Through the services of this program, the removal of barriers in the community which create disincentives to the severely handicapped who wish to live more independently and the building of community capacity for assisting the severely handicapped in areas of specific need are stressed. Program components include: advocacy, peer counseling, educational services, and information and referral.

Rehabilitation Engineering is defined as the use of engineering problem-solving and technology to increase the level of functional independence of people with disabilities by means of modification of home and work sites and/or adaptations of equipment. Rehabilitation engineering is presently performed in research centers and service delivery programs. The research centers throughout the country are responsible for long-term research projects that improve both techniques and equipment. In contrast, the service delivery programs provide community consumers that have individual needs and problems with pratical applications and solutions taken from research done in rehabilitation engineering centers, engineering research programs, and private industry. If necessary, the service delivery program also custom designs and fabricates solutions to specific individual problems.

The Engineering Unit at CRSS is comprised of a Rehabilitation Engineer and an Adaptive Equipment Specialist. The Rehabilitation Engineer is primarily responsible for consultation, evaluation, and design. The major duty of the Adaptive Equipment Specialist is fabrication in the areas of woodworking, metal fabricating, and plastic forming.

CRSS is presently operating a Community Education Program in HSA V to conduct professional development activities for those serving the handicapped and to provide technical informational programs for the handicapped population. A plan which includes program design and target audiences has already been developed based on the community needs assessment. These programs will carry continuing education units or continuing medical education units as appropriate. Announcements for each series are planned, and these can be widely distributed throughout the Hampton Roads area. Flexibility has been employed in determining training sites. Programs may be brought to the work site if it is considered advantageous to participants to do so. Series of services provided are as follow:

Series	**Programs**
Consumer Education Series	1. Knowledge Utilization Seminar 2. Handicaps Unlimited of Virginia, Inc. State Conference Co-Sponsor
Client Evaluation and Adjustment Series	1. Developing Local Work Samples 2. Rehabilitation Engineering 3. Social Skills Development 4. Work Adjustment: What is it, Where is it going? 5. Placement Through Job Preparation
Facilities Series	1. Behavioral Assessment of the Severely Disabled, Mentally Retarded Individual 2. CARF Problem Solving 3. Effective Instructional Techniques
Special Education Series	1. Techniques for Working with the Physically Disabled Individual
Medical Education Series	Series of four programs with topics to be identified by medical professionals.

A 504 Technical Assistance Unit, staffed by one Technical Assistance Coordinator, has been established within the CRC to become the resource to state and local governmental units, colleges and universities, public and private organizations, commercial and industrial establishments, and interested individuals seeking information and assistance relating to 504 and any range of services required by handicapped persons. Rosters of special support personnel available within the area, such as interpreters for the deaf, readers for the blind, attendants, legal aid and advocacy personnel, have been developed by consumer groups and special interest organizations. Linkage with these existing activities will be maintained in order to coordinate referrals to such services. A grass roots component of involved, educated, and united consumer groups, closely linked to the Independent Living Program, will be developed to increase the resource capability in providing public information and technical assistance. Increasingly, such coalitions yield political influences and are a force to be listened to by the elected officials. Additionally, these groups have the practical experience that provides a true insight into the needs of the handicapped relative to accessibility. Workshops for appropriate governmental personnel will be conducted, and public information programs will be established for key elected and appointed officials. Through the use of public service programs, public awareness of the need for barrier free access will be expanded.

Therapeutic recreational services will be provided through diverse service systems at the CRSS facility and other community recreational centers and will be coordinated by the Therapeutic Recreation Specialist who will: (1) provide services directly; (2) subcontract with specialized providers of recreation services not availale through the CRC; (3) utilize the client population to provide leadership in developing and delivering therapeutic recreation services; and (4) refer clients to relevant community providers of therapeutic recreation services. Referrals to the Therapeutic Recreation Program will come from the various medical/treatment programs at Tidewater Rehabilitation Institute and Eastern Virginia Medical Authority, the CRSS programs' client caseload, the Independent Living Program, and the general community.

Activities available within the Therapeutic Recreation Program will build on the existing Leisure Lounge Program in the facility which currently provides a meeting place and planned leisure activities for the severely handicapped. The capacity for this program will be increased from twenty-five to fifty clients, and additional activities, such as leisure counseling and family involvement in the clients' resocialization, will be developed. Outings, trips, visits to local museums, libraries, historic sites, etc. will be arranged. Crafts such as jewelry making, art, and sculpting will be available for those whose interests and fine motor skills can be applied. Special interests, e.g. photography and music, will be made available. Opportunity to participate in a wide range of sports including basketball, softball, bowling, and table tennis will be provided. For those interested in special techniques for stress management, courses in meditation and conscious relaxation will be offered.

COMPREHENSIVE REHABILITATION CENTER
Providence, Rhode Island

The Comprehensive Rehabilitation Center program was developed by Rhode Island Vocational Rehabilitation in cooperation with the Rhode Island rehabilitation network and the Institute for Rehabilitation and Restorative Care at Brown University. The Rhode Island Rehabilitation network is a group of agencies, facilities, and individuals working together to improve rehabilitation services in Rhode Island. The formation of the network (officers, executive committee, constitution and by-laws) is the culmination of over six years of planning and effort by Brown University, the state vocational rehabilitation agency and countless members of the rehabilitation and disabled communities.

The major purpose of the CRC is to establish in Rhode Island a community focal point for the development and coordination of comprehensive rehabilitation services. We are concentrating our energies on fulfilling service gaps to enable handicapped persons in Rhode Island to attain full participation in society.

The Rhode Island Comprehensive Rehabilitation Center's philosophy involves a process of continuing input from the rehabilitation and disabilities communities in Rhode Island in order to ascertain utmost rehabilitation needs. This unique cooperative arrangement includes a major university - Brown; the rehabilitation community as represented by the executive committee of the Rhode Island rehabilitation network; and the state rehabilitation agency. Thus, the vision of becoming a focal point in the community for the development of rehabilitation services is realistic and achievable, given the assets described above. Moreover, it just makes good economic sense to foster and fund a program that is committed to the elimination of duplicative services while at the same time providing cost effective new services. Additionally, the Center is enthusiastically engaged in an effort to expand and enhance the network concept of linking program and staff resources in new and creative ways.

During the first year of program activity, the CRC awarded grants totaling $97,482 in seed money to 11 Rhode Island agencies and associations serving the handicapped. The purpose of the seed grant program is to stimulate the development of programs which will eliminate gaps and identify service areas and also improve the coordination of existing services. The reaction from the community with this program has been very favorable.

In addition to serving as a primary information and referral resource, the CRC is also providing a broad range of services needed by the handicapped community. These services include the provision of technical assistance and consultation to the rehabilitation community pursuant to Section 504 of the Rehabilitation Act of 1973; the maintenance and updating of rosters of support personnel providing specialized services needed by handicapped persons; and the further development of programs which will lead to expansion and accessibility of recreational facilities in Rhode Island for the handicapped.

The Center has also instituted a client tracking system in order to facilitate follow along and follow up of clients that are referred to the Center. **The Long Range Evaluation System,** developed by Carl V. Granger, M.D., of the Institute at Brown University, is being utilized as a vehicle for the development of a common language as well as to insure appropriate linkages as clients move through facilities and agencies that are a part of the Rhode Island rehabilitation network.

One of the major initiatives of the CRC is to significantly expand the network membership so that a complete Rhode Island rehabilitation network will be established at the end of the grant. Although this effort has been extremely successful thus far, much more time and effort is needed in order to bring the entire rehabilitation and disabled community in Rhode Island into the network.

COMPREHENSIVE REHABILITATION CENTER
Atlantic City, New Jersey

The central thrust of our program is to establish ourselves as a focal point for the disabled in Atlantic County to help them become more independent. However, our efforts go well beyond this, extending to community programs, advocacy, technical assistance on Section 504 regulations, and most of all, client counseling and direct services based on individual needs.

In our first six months of operation, our office has directly served more than 2,197 clients. Many of these clients called for information, many of them visited our office, and many participated in our different programs.

Our staff is trained to help clients with personal problems, give credit counseling, provide advocacy and/or intervention to obtain equal treatment in employment and accessibility. As we continue, and more people learn of our services, we find we are helping more and more people with their mental and emotional problems in addition to the physically disabled.

Our programs include: information and referral services conducted by staff and a computerized data bank; transportation for the disabled who can not use existing forms of public transportation; recreational outings which we arrange for the donation of tickets to forms of entertainment in the community; the providing of wheelchair beaches in Atlantic City which were built at our request, with our assistance and our mobilization of a volunteer work force; curb cuts at intersections throughout Atlantic City; and public awareness activities geared toward changing society's perception of the disabled and toward helping to enhance employment placement opportunities.

In addition to these efforts taken by us, we have also identified new clients to qualify for the New Jersey Division of Vocational Rehabilitation Assistance to help them reenter the mainstream as productive citizens. In addition to these staff, services, and programs, we also have purchased computer hardware, vans for wheelchair use, TTY machines for use by the deaf, and we have produced literature on our services. We have nine objectives that we are striving to meet for the year of 1981 and these are:

1. To serve as a focal point in the community for the disabled in obtaining services, benefits and other forms of assistance.
2. To fill gaps which exist in services for the handicapped.
3. To familiarize staff with existing social service groups for the handicapped in Atlantic County.
4. To provide client counseling and direct services to the handicapped via our social service technicians. Client counseling, assistance intervention in such areas as employment, transportation, coordinating housing needs and availability.
5. To provide information and referral services for the handicapped through our technicians and through Information Atlantic.
6. To provide advocacy in such areas as barrier free design, employment, and on as-needed subjects as they arise.
7. To provide transportation to the handicapped on a priority basis.
8. To provide and/or assist in the coordination of recreational activities, to utilize existing community centers, schools, colleges and other community resources to provide such services.
9. To boost public awareness of programs on and service for the disabled through use of news media, pamphlets, booklets, etc.

ARKANSAS - COMPREHENSIVE REHABILITATION CENTER

The Comprehensive Rehabilitation Center in Hot Springs, Arkansas, seems to have some differences with other CRC's across the country. We are the only CRC serving a rural area. Garland County, in which Hot Springs is located, has a population of approximately 70,000 individuals. The surrounding counties are very thinly populated.

It is important to note that the Hot Springs CRC is located across the street from the nationally known Hot Springs Rehabilitation Center and we are administratively connected. This has definite advantages in serving clients but has certainly presented an identity problem. We have had to work especially hard in establishing our own identity which has been done primarily through the media and speaking engagements. For example, we have spoken to over 500 persons in professional and service related groups such as employees at the Ouachita Children's Center, the Mental Health Center, Area Office on Aging, Lions Club, Kiwanis Club, and Council for Exceptional Children, etc. Today, after almost a year in operation, the CRC still has much work to do in establishing its own identity with lay persons in the community. Of course, the tremendous advantage of being affiliated with the Hot Springs Rehabilitation Center is the use of their facilities and the availability of all their expertise in working with handicapped individuals, from wheelchair repair to orthotics evaluations. Because of our program, for the first time, H.S.R.C. facilities ar available to non-VR disabled persons. Our unique position has allowed a cooperative agreement to be worked out between the CRC, H.S.R.C. and the State Spinal Cord Commission so that Independent Living cases can be admitted for one-day services at the Hot Springs Rehabilitation Center, thus insuring Spinal Cord injured clients getting the best possible services at minimum cost.

The Hot Springs CRC is a small, in-housed group of professionals consisting of a director, assistant director, two clerical staff, two counselors, social worker, two recreation leaders, recreation aide/driver and an interpreter. It is because of this vigorous, dedicated group that all of our project objectives either have been accomplished or are ahead of schedule.

It was significant that we recognized that we did not have the answers to the needs of disabled people in the community. While most of our staff had experience working with disabled people, we felt it was imperative to go to the community and ask what was needed; therefore, during the first three months of operation a number of open forums were held to help give direction to CRC activities in working with handicapped people. Consumer groups such as the deaf, wheelchair bound, and parents of handicapped children were invited in to express their needs. Professionals from rehabilitation, public schools, County Health Department and Office on Aging were invited for an exchange of ideas. These forums really helped smooth the way for CRC operations within the community as the consumer and professionals saw that their input was being implemented. For example, the SPA Deaf Club was organized and because of its activities we have raised over $500 for a 24-hour TTY to be placed at the local police station for emergency use. The Architectural Environmental Barriers Council sought meeting space and this we happily provided. We were contacted by the Multiple Sclerosis Society and we helped them organize a club which meets periodically at our facility. A Summer Day Camp was organized for handicapped children of the community. One of the expressed needs by all groups was continued community education of the needs of disabled persons and as a result a number of programs have been presented by the CRC for community consumption. These workshops have included "Blind Awareness", "Employers of Handicapped". Because these workshops have been perceived sucessful by both the presenters and the consumers more workshops are in the planning stages in an effort to provide further community service.

While the impact on the community can not be necessarily measured in number of services, these activities certainly reflect dedication and hard work from our small staff of professionals. Since we are housed in a rural area, it was anticipated that we would work with approximately 500 clients during our first year's operation. At this point, we have served over 550 individual clients and still have over two months to go before the first year ends.

This brings us around to discussing the direction our program has taken in terms of types of services we were mandated to provide the community. **Information and referral** has been one of the major services, provided not only to disabled individuals but to many professionals as well. As a result of our many contacts with the Office on Aging and Rehabilitation Services, Health Department, school systems, etc., we have really become a community contact for those professionals working with disabled persons. We have been able to locate a number of disabled persons who were eligible for regular VR services and have been placed on VR case loads.

The **counseling** program has consisted primarily of crisis intervention counseling. The long-term counselees have been referred to the local mental health center for therapy. Not surprisingly, due to the economy, a large number of our counselees have needed vocational counseling and job placement. We have placed 11 people in jobs within the community, although job placement was not an original part of our grant proposal.

Recreation has been another major focal point of our CRC program. Through using our own facility for in-house games, such as cards, ping-pong, table games, pool, macrame, and captioned movies, a large part of the recreation has taken place within our small facility. Our access to H.S.R.C. facilities has allowed bowling, volleyball and basketball to be popular activities. In the spirit of our grant, cooperative agreements have been reached with the Office on Aging, Veterans Administration, First Step, (a local school for severely handicapped children), to provide recreation to their clients. Some of this recreation has been provided in our facilities and at times our staff provide on-site recreation. We are presently making plans to carry on-site recreation to the local mental health center and the Ouachita Children's Center, a shelter for wayward or behaviorial problem youth. By being innovative, we are reaching more of the disabled people in the community than we would otherwise.

Another aspect of our program has been **short term health services.** These have been primarily provided through Hot Springs Rehabilitation Center. In conjunction with their Physical Therapy Department, wheelchair repair and physical therapy evaluations are being provided to handicapped persons in the community who would not otherwise be eligible. The same is true in Orthotics where a number of adaptive devices have allowed disabled senior citizens to continue to be independent rather than go to a nursing home facility. Just as exciting, at our request, PT and OT staff have made a number of home visits to help disabled citizens of the community, usually elderly, remain independent and at home.

The least used service which our grant mandated has been **transportation.** There have been any number of problems with providing transportation and at the same time, the need for transportation has been diminished through a new city transit system, where the buses are equipped with lifts. For all practical purposes, we are out of the transportation business unless there are emergencies and then that service is provided.

Interpreting has been a much bigger aspect of the CRC program than we originally anticipated. The deaf community was starved for services and we have really filled a void. As a community service, we have also provided sign language classes at no charge. The participants are asked to provide their own text books, otherwise the class itself is free. This has been a very popular aspect of our program and we will continue this community service.

Thus far, we have had only four requests for 504 technical assistance from agencies within the community and one church has asked for advice in building a ramp.

It was obvious from the beginning that if our program was to succeed, volunteers would be necessary to implement many of the programs. We have, at this point, interviewed over 40 volunteers and 20 have been trained and utilized in carrying out CRC services from clerical activities to helping with the Day Camp for Handicapped Children this past June. We see volunteers continuing to be an integral part of CRC operation.

In conclusion, it is fitting that in 1981, The International Year of Disabled Persons, the CRC's are providing significant innovative services to disabled people. Because our Center is new, we are constantly evaluating our approaches and the services that we provide. Our attempt has been and will continue to focus on the needs of disabled individuals and not upon our own self-serving needs. We strongly feel that we have enriched the lives of many disabled persons within our community and have provided invaluable education to many laymen and leaders in the community. We plan to continue to be advocates to all handicapped individuals so that they may enjoy the full benefits of being an American citizen.

UTAH - REHABILITATION SERVICE CENTER

The Utah Rehabilitation Service Center is designed to meet the needs of the disabled in the community who have up to this time not been serviced or have been frustrated in their attempts to receive services in our community. The major objective of the Utah Rehabilitation Service Center is to be the one source in the community where handicapped persons, family members, or others who are interested in services to the handicapped can go and receive the services they need or be referred to the most appropriate service to satisfy their needs.

The staff of the Rehabilitation Service Center includes a director, an information and referral supervisor, a psychologist, an information technician, a referral and follow-up technician, a halftime vocational evaluator, and a job placement specialist provided through an agreement with Utah Job Service office.

We are attempting to maintain an up-to-date list of all services that are provided to the handicapped within our community. We have a computerized information system which allows us easy access and update of our information. We find this very important since in our community the request for information and referral has been for more than one service per each client. For example, a request might include assistance with accessible housing, transportation, and employment. The information on the computer is available to anyone in the community, including those who are handicapped or family members, friends, service providers, etc. The Center also has access to over 150 information data bases, including psych. abstracts, soc. abstracts, Nric and Eric, Exceptional Child, etc. This service is also available to anyone in the community. The services available through I & R are described in the following paragraphs.

Follow-up Services. When a referral is made to one of the services listed with the Information Center, one of the technicians follows up with the client who requested the referral and also with the service provider. This is done to assure that the initial contact is made as well as to help determine the appropriateness of the referral. If necessary, the initial contact is made by the Center personnel, and on occasion where it is seen as appropriate, a technician might take the client to the agency for the initial contact.

Evaluation Services. Two evaluation services are available through the Center. One is Psychological Evaluation. This service is provided by the Ph.D staff psychologists. The evaluation includes the full range of psychological tests, including any special testing that might be necessary under certain circumstances. Second is Vocational Evaluation. This is an eight-day evaluation generally, and utilizes paper, pencil, tests, as well as work samples. It is flexible enough to be able to evaluate special circumstances when necessary.

Counseling. Psychological and vocational counseling are both available with the psychologist or the rehabilitation counselor. After the counseling sessions, appropriate referral can then be made to existing agencies for treatment or rehabilitation services.

Consultation. There are a number of consultation services available through the Center to the community. These consultation services include the following:

Bio-Medical Engineering (through an agreement with the University of Utah Engineering Department)
Occupational Therapy
Medical
Section 504 of the Rehabilitation Act

Job Placement Assistance. Through an agreement with the local Job Service office, the Center has a full-time job placement specialist on the staff of the Center. There is a computer tie with the Job Service computer so all services of Job Service can be provided from the Rehabilitation Service Center office. This includes accessibility to all job listings as well as the ability to register clients. A service that is presently being provided to the Rehab District Offices, and is planned for other agency offices, is the provision over a sideband radio station of the most current job list each day. This up-to-date list goes over the sideband radio station each morning between 10:00 a.m. and 11:00 a.m. It usually includes an average of 50 jobs.

SUMMARY

At this point, the Center seems to be getting some recognition in the community, although we still have a way to go to meet our objective of being the one resource in the community where someone can call and receive necessary information and referral services. We have had booths in different fairs in the community, have posters displayed in the buses and at community agencies. We have also had a number of articles in daily and weekly newspapers. We are in the process of developing PSA's for both radio and television. Each time we have a campaign to publicize the Center, we receive more calls for assistance.

At this point, we are receiving about 60 requests a month for information through the Information and Referral Center. The psychologist does 20 evaluations per month plus consultation and counseling. The job placement specialist is making referrals of about 250 per month, and is making between 20 and 25 placements per month. The other services mentioned have been used less, but it is anticipated that as the Center continues to be publicized the services will be utilized to a greater extent.

CALIFORNIA - LOS ANGELES COMPREHENSIVE REHABILITATION CENTER

The Los Angeles Comprehensive Rehabilitation Center is a cooperative venture of Daniel Freeman Hospital Medical Center, the Inglewood District of the California Department of Rehabilitation and the Westside Community for Independent Living, to establish a center of resources and services for people with disabilities.

The CRC serves as the focal point for providing information and referral services throughout the area. New communications networks will be established in cooperation with those already in existence. The goal at all times will be to eliminate duplication of efforts and to ensure quality and continuity of services and resources.

The CRC is committed to establishing new and innovative programs within the community and to working with public and private sector resources in ensuring maximum opportunities for independent living. The CRC will serve as a model for creative projects in the areas of transitional living, employment preparation and independent living skills training. The CRC Public Relations project will focus public attention on the needs and the potential of people with disabilities.

The CRC will implement new programs through education, consultation and coordination. Educational projects will be a major component ranging from specific training workshops to public awareness activities on the special needs of people with disabilities. The CRC will offer technical assistance and consultation on such topics as physical accessibility to employment and housing and implementation of Section 504 mandates.

The Comprehensive Rehabilitation Center is funded by a grant from the U.S. Rehabilitation Services Administration in order to provide a comprehensive, cost-effective and dynamic approach to service delivery. Daniel Freeman Hospital Medical Center, the Inglewood District of the California Department of Rehabilitation and the Westside Community for Independent Living themselves represent a broad system of direct and supportive services. As the CRC expands, other community based organizations will become part of the ongoing network.

SUMMARY OF ACTIVITIES

The Los Angles Comprehensive Rehabilitation Center is unique in that, in addition to the Inglewood District of the State Department of Rehabilitation, it combines a well established Independent Living Center and a recognized hospital rehabilitation facility. Although, along with other CRCs, coordination and identification of gaps and duplications in services to people with disabilities is part of our mission, a major portion of our responsibility is to provide education to consumers and professionals in efforts to bridge the gap between them and to guarantee a continuum of care aimed at independent living. We do not duplicate any services available in the community, indeed, we only provide direct services through the independent living centers with which we are associated.

Our accomplishments in the education field include:

1. Sponsorship of a series of seminars for professionals at the Abilities Unlimited Expo in April of 1981. These seminars drew almost 400 professionals as well as requests for more such programs. We are currently planning for the April 1982 Expo series.
2. Installation of a Telephone Tape Library (there are only two others in the country, both in the East) providing information on disabilities.
3. Sponsorship of a community education series dealing with housing, employment, personal care and other needs of persons with disabilities. This first series is almost finished and a second series on more specific topics will begin in January 1982.
4. Another key aspect of our education efforts is development of a Personal Care Attendant training program. This project has taken some time to develop and we will be providing training to Educable Mentally Retarded adults. In this project, we are serving both their needs to find a decent and continuing vocation as well as those of the severely physically disabled who depend upon such personal care in order to avoid institutionalization.

In general, we have targeted the private sector for development of programs that are self supporting, but this is a slow process and will take some time to finalize. Our involvement in the

White House sponsored PROJECT PARTNERSHIP has been part of that effort and a CRC staff member played a major role in preparing the section of that report emphasizing the no-cost steps that could be taken to change attitudes of prospective employers. We have been exploring with several major corporations the establishment of high level skills training programs for people with disabilities, but this too is a time consuming task.

A major success of the CRC has been to have October designated as DISABILITY AWARENESS MONTH by the Governor and many of the major cities and counties throughout the state. This effort has been aimed at the public in an attempt to change attitudes. Public Service Announcements, talk show appearances by persons with disabilities including celebrities, presentations of proclamations to the disabled community and an art contest co-sponsored by The Broadway Department Stores are all part of the October schedule and the month has been proclaimed as the first annual observation. In addition, some of the private utility companies are considering placing inserts in their October billings accenting a positive approach to the capabilities and potential of persons with disabilities. Several major school districts across the State are participating and special programs are being planned including interaction between ablebodied and disabled students as well as field trips to independent living centers and role model visits by disabled members of the community.

Because Los Angeles County is so large, with a third of the State's population residing in it, a major task has been to identify and evaluate the services currently being offered for persons with disabilities. We have been amazed at the complete lack of knowledge one agency may have about another, and the need to provide direction and coordination is obvious. Given the demographics of this area, that in itself is a major task, and one that cannot possibly be completed within the next year.

We are confident that within the full three year period originally planned we will be able to develop programs that meet the needs of the disabled community and are self supporting.

FLORIDA - COMPREHENSIVE REHABILITATION CENTER

Dade County Center for Survival and Independent Living (C/SAIL)

OVERVIEW

South Florida's first Comprehensive Rehabilitation Center, the Dade County Center for Survival and Independent Living (C/SAIL) is alive and well after six months of existence, and happily, is exceeding its halfyear objectives.

LOCATION

C/SAIL (as the Center is now well known in South Florida) with the support of Dade County Government, its office of Handicapped Opportunities, and its Department of Housing and Urban Development, is now located in Singer Plaza, 1310 N.W. 16 Street, Miami 33125. "Little" HUD and County Management have arranged for the rental of two two-bedroom apartments in this 100-unit Section 8-funded accessible complex for disabled people. Dade County allocated rent support of $100,000/year for the two units which houses the eight staff members of C/SAIL. While the Center exists for the quarter of a million disabled citizens of Dade, it is coincidentally fortuitous that we are housed in a large residence for disabled citizens which, in an inter-agency agreement, affords the use of lounges, craft room, large social room with kitchen, etc. to better implement our in-house programs.

To add to this coincidentally fortunate situation, the County and "Little" HUD have agreed with Jackson Memorial Rehabilitation Center to set aside some of the apartments on the second floor for a transitional living program (Marathon House) where newly disabled people can leave Jackson Rehab and "Mainstream" for a period of one to six months while adjusting to their new lives with psychological support, life skills and home and self-management training, etc.

While Singer Plaza and Marathon House provides C/SAIL with in-house clients, our program has already impacted on the large disabled population of Dade as following details will indicate.

During this period, additional funds (total now $548,000) have been allocated by the County for C/SAIL's permanent facility, and the interviewing and proposals by local architectural firms have been completed. The choice of the three finalists is presently in the County Manager's office.

BOTTOM LINE

In six months of existence of which four months are actual operation, the impact and accomplishments of C/SAIL have far exceeded the writer's hopes and the program's to-date objectives.

The entire staff enthusiastically jumped into the concept of motivating and assisting disabled citizens of Dade County out of the traditionally supportive concept and into the cost-effective and emotionally satisfying status of joining the "real world" of community life.

While all the staff has been indoctrinated into this concept, it is particularly satisfying to the writer to constantly see even the support staff involve themselves in providing information, referral, and sometimes, even basic assistance to those needing assistance.

The following will indicate activities to date:

IN-HOUSE POGRAMS

1. English language classes (three times weekly, 9-11 a.m.) for the disabled foreign born started in May and twelve of the fifteen disabled Hispanics will continue with the advanced class in early September.
2. Home skills classes for the disabled started early June (once/week, 3-5 p.m.) where cooking, budgetary, shopping, sewing, dietary, etc., skills are taught. The social-room kitchen area is utilized for this class.
3. Arts and crafts classes for the disabled started early May (twice/week, 9-11 a.m.). This class has mainly appealed to the older residents of Singer Plaza.
4. Four guitars have been donated and were repaired for use in late June. Classes for the disabled start September.

5. Citizenship clases for the disabled (teacher volunteer from Dade County Latin Affairs Department) starts in August (once/week, two hours).
6. A discussion group for Dade County residents afflicted with Multiple Sclerosis started Mid-May and the once/month meeting became so successful, that July will start a twice/month group. August has M.S. programs for families and children of people with MS as well as a presentation of a Sexuality Workshop. These types of programs will benefit extant and future disability groups especially with the utilization of audio-vision equipment.
7. C/SAIL has organized and incorporated the South Florida Chapter of the National Handicapped Sports and Recreation association. Twenty-five members (21 disabled) presently belong and a late August picinc meeting is planned to attract many more members with demonstrations of SCUBA, water-skiing, etc., by and for disabled people. In this vein, two of C/SAIL's Advisory Board Members are participating: one, an attorney, represents the largest licensed SCUBA business in the Keys (which will participate), and the other, an architect well versed in barrier-free design is the Chairman of the South Florida Rowing Association and is planning those types of activities for members.
8. C/SAIL has been most fortunate in recruiting a broad-based Community Advisory Board of 24 members (representing disabled people, families of disabled, government, professional, scholastic, rehabilitation professionals, and the private sector), all also representing a cross-section of the ethnic and racial groups which are C/SAIL's target groups.

PROGRAMS IN PLANNING

1. In early September, a sign language class will start at C/SAIL, cosponsored with Miami-Dade Community College.
2. Discussions with a psychologist who has dealt with newly disabled young people (mostly spinal-cord injuries) will hopefully lead to Assertive Training classes for the disabled in October.
3. A discussion group for the blind, oriented particularly to those going blind or newly blind (similar to the MS discussion group) is being organized with the Florida Division of Blind Services.
4. C/SAIL, through local media exposure, has had six wheelchairs, 14 walkers, and a myriad of other apparatus donated. A "loaner" program for indigent disabled people has been organized and will be made public in July. A low-cost non-profit repair program for such equipment is planned for October.

Always with the thought in mind that the measure of our success is determined solely by the disabled people of Dade County for whom we point out the doors to independence but do not provide another dependence, the analysis of our six months of existence follows:

ATTITUDINAL BARRIERS

Believing that media exposure would be a catalyst to reach our target groups as well as enlighten and improve community attitudes, the staff has created or participated in newspaper articles, television interviews, radio interviews and television spots for this International Year of Disabled persons.

AGENCY PRESENTATIONS

In keeping with our designation as a Comprehensive Rehabilitation Center and with a stated goal of eliminating gaps and overlaps in local service delivery, C/SAIL has made presentations to over twenty-six (26) different agencies, in order to acquaint these other agencies with our purposes. C/SAIL provides direct services to those who "fall through the cracks" of eligibility and criteria imposed on or by other agencies.

In addition, as a highly visible Information and Referral organization C/SAIL in turn refers to those agencies when apropos. This kind of coordination will appear later in such sections as Job Development.

INFORMATION & REFFERAL

Through media and agency exposure, C/SAIL has become a prime source of information for disabled citizens.

C/SAIL's original concept included a rapid retrieval system for resources and referrals as well as client records, etc.

This is still planned but was delayed by the necessity of Metro-Dade's Office of Computer Services issuing Requests for Proposals to hardware manufacturers in order to standardize the various levels of equipment county-wide.

C/SAIL has already been surveyed by Computer Services for our needs and we expect their recommendation momentarily.

JOB DEVELOPMENT

In keeping with our theory that community involvement and independent living include the financial security of a job, C/SAIL has actively developed (and surveyed architecturally) jobs in over twenty (20) different companies.

Pursuant to vocational placement for the disabled, C/SAIL has published a local Employers Handbook, enumerating the responsibilities and advantages of hiring the disabled. The funding for this publication, $1,300.00, was donated by Dade's Employ the Handicapped Committee. The book will be used as a working tool in workshops to be conducted by Metro's Office of Handicapped Opportunities for supervisory County personnel as well as by C/SAIL for private employers.

To enhance our coordinating efforts, C/SAIL has been instrumental in organizing a Job Information Exchange in order to pool job leads and placement for disabled persons. Twenty agencies have joined together and meet monthly to eliminate duplicated efforts.

ARCHITECTURAL BARRIER SURVEYS

In addition to those surveys specifically made relative to job development, the following accessibility surveys were performed to date by staff: Metro Justice Building (exterior)
Jackson Rehabilitation Center (exterior)

TRANSPORTATION

Aside from transportation referral assistance, C/SAIL is represented on the Metro Elderly & Handicapped Transportation Advisory Committee (E & H TAC). E & H TAC is a broad-based group which deals with the problems and accessibility of and to the Metro Special Transportation Service as well as the in-construction rapid transit system.

VOLUNTEER RECRUITMENT

To date, C/SAIL has recruited four disabled and four non-disabled volunteers to assist in various ways.

As a final note, the cooperation and support of the Office of Vocational Rehabilitation in Tallahassee and District XI in Miami has been and is very much appreciated..

PENNSYLVANIA - COMPREHENSIVE REHABILITATION CENTERS

The Pennsylvania Bureau of Vocational Rehabilitation (BVR) elected to sub-grant Section 305 funds to four private, non-profit community based, rehabilitation facilities. The selection of the four CRCs followed a BVR request for proposal that described funding four CRCs at a $50,000 level for each, with $12,500 required from each applicant as matching funds. The CRCs are located in Scranton, Elwyn, Elizabethtown and Pittsburg.

Each Comprehensive Rehabilitation Center is housed in a rehabilitation facility that has a proven track record of service to severely disabled persons and has the resources required to support the centers.

The four Comprehensive Rehabilitation Centers and their services are listed separately.

COMPREHENSIVE REHABILITATION CENTER

Vocational Rehabilitation Center of Allegheny County, Inc.

The primary objective of this program is to enhance and expand services to the disabled through the establishment and operation of the Comprehensive Rehabilitation Center. Within this broad mandate it was anticipated that the CRC would serve to initiate, coordinate and modify those programs and services required to assist disabled residents of this region to utilize their full potential for remonerative employment.

The basic approach taken in the operation of the CRC was to provide and coordinate services required in the vocational, social, and psychological areas, medical and recreational services, health maintenance, education and housing arrangements. The CRC also acts as an information resource on the available specialized services such as interpreters for the deaf, readers for the blind, architectural and program accessibility, and as an information resource on the availability of goods and services required to establish an appropriate vocational plan. The CRC also serves as: 1) a focal point for the identification of unmet needs; 2) a site for the coordination of public and private rehabilitation efforts and 3) as a base for the establishment of a coordinated system utilizing facility programs and services in this region.

COMPREHENSIVE REHABILITATION CENTER

Allied Services for the Handicapped, Inc.

The Bureau of Vocational Rehabilitation, Commonwealth of Pennsylvania, awarded four $50,000 grants to establish Comprehensive Rehabilitation Centers within the state. Such a grant was awarded to Allied Services for the Handicapped, Inc., Scranton, Pennsylvania. A CRC office was established in downtown Scranton, in the county administration building, Lackawanna County, which has an approximate population of 250,000 people.

The Comprehensive Rehabilitation Center, known as ALL-CAN, Allied Community Access Network, serves as a focal point within the community for the development and delivery of services to individuals whose primary disability is physical. Serving individuals of any age, the CRC aims at strengthening the capacities of the disabled individual and/or their family in meeting the continuing services; finding and/or creating new outlets for employment; overcoming transportation barriers to maximize mobility; insuring accessibility and compliance with Section 504 of the Rehabilitation Act; insuring adequate social/recreational programs; working with individuals to develop alternatives to dependency, and advocacy on behalf of the interests of the disabled in the community.

ALL-CAN is staffed by two professionals. Georgianna Cherinchak, Project Director; a rehabilitation out-reach case worker, Ann Graziano; and a half-time secretary/receptionist, Carol Gonzales.

The following services are made available through the CRC; technical assistance on Section 504 and compliance services for the disabled.

Information and Referral Services. Acts as a centralized contact point through which disabled individuals may obtain current and accurate information on health, social, and recreational services available in the area. Routine follow-up of cases is carried out to assure success of the program.

Recreational and life enrichment activities. The CRC provides advocacy for accessibility to these services, and helps in planning for expanded recreational programs and facilities.

COMPREHENSIVE REHABILITATION CENTER

Elizabethtown Hospital for Children and Youth

The Elizabethtown Hospital for Children and Youth is emerging as a leader in the field of comprehensive rehabilitation services designed for individuals with complex multiple disabilities of congenital or acquired nature. The hospital provides orthopedic, neurodevelopmental, and rehabilitative services for children, youth, and young adults. It now accepts people of any age who have spinal cord injuries.

The facility has a history of working closely with public and private non-profit community-based agencies in Central Pennsylvania and is affiliated with the major teriary and acute care medical centers within its geographic location.

Individuals who are severely physically handicapped and yet cognitively intact have significant difficulty identifying and securing appropriate rehabilitation services and suitable competitive employment opportunities. To meet the needs of this group and to coordinate existing community resources for handicapped persons, Elizabethown Hospital for Children and Youth has become a Comprehensive Rehabilitation Center, henceforth referred to as "CRC".

The program described is:

1. A computerized information and referral service of existing programs that serves handicapped individuals within the South Central Pennsylvania area. This is the only regional I & R service linking regional medical specialty services and crossing county lines for services for the handicapped.
2. Health, vocational, educational, psycho-social and recreational services directly to individuals who are severely physically handicapped and yet cognitively intact.
3. Technical assistance to local private and public non-profit organizations concerning Section 504 and any of the range of services required by handicapped persons.
4. Vocational placement for quadriplegic spinal cord individuals.
5. Technical assistance for providing recreation to the handicapped.

Elizabethown's thrust will be to the I & R system as this is felt to be the major need in this geographic area.

COMPREHENSIVE REHABILITATION CENTER

Elwyn Institutes

Elwyn Institutes was founded in 1852 to serve handicapped individuals from its location near Media, Delaware County. In the early 1960's, Elwyn began the evolution from the traditional custodial care institution to a modern, educational and rehabilitation facility. Over the past two decades, Elwyn Institutes has built a network of rehabilitation programs which give evidence to the ability of the Institutes to carry out its goals and objectives of the Comprehensive Rehabilitation Center. This network forms a solid foundation upon which the information and referral functions of the Comprehensive Rehabilitation Center may be built. In addition, Elwyn has the capability to provide a comprehensive range of direct services and flexibility to expand that service component to fit the needs of the community.

Handicapped individuals now have easy access to information about services available in their community. Elwyn Institutes' Comprehensive Rehabilitation Center (CRC) is a centralized information and referral system, designed to link disabled consumers to human service providers in the Delaware Valley.

Information and referral is available by telephone and upon receiving a call, a trained counselor will access the information and needs. All services are provided at no cost.

The Comprehensive Rehabilitation Center assists individuals of all ages who have physical or mental handicaps to locate services in the community. The CRC also provides its information and referral services to families of handicapped individuals, advocacy groups, and to other community programs.

THE COMPREHENSIVE REHABILITATION CENTER'S MAIN SERVICES ARE:

1. Information and referral
2. Technical assistance on Section 504

CRC's Information and Referral System

The information and referral system is designed to especially meet the information needs of people who have disabilities. This computerized system offers a comprehensive approach to researching today's complex network of human services - just by calling the CRC. The CRC staff continually updates and expands the computerized data bank.

Information and referral topics include:

1. Advocacy/Legal
2. Children's services
3. Education
4. Employment
5. Evaluation
6. Group services
7. Health
8. Housing
9. Material assistance
10. Recreation
11. Specialized services
12. Vocational training

All requests for information are handled confidentially by a trained rehabilitation counselor who evaluates each request on an individual basis. A list of existing community agencies is supplied to each caller according to his or her specific needs.

Technical assistance

To assist agencies in the community with the fulfilment of the requirements under the Rehabilitation Act of 1973, the CRC staff lends books, compliance manuals and handouts, and also provides a limited amount of technical assistance on Section 504. A list of professional consultants who offer workshops on Section 504 is also available through the CRC.

Information about Section 504 is particularly important because it was the first civil rights law guaranteeing equal opportunity to more than 35 million disabled Americans.

Section 504 covers numerous community programs, including schools, colleges, hospitals, and government service. Since it influences so many community services, it is important that individuals and programs covered by this law have easy access to information. The need for a local Comprehensive Rehabilitation Center was identified in the Rehabilitation Amendments of 1978. In the Fall of 1980, funds were made available to ten states which were selected through a competitive process. The CRC at Elwyn Institutes is one of four such centers located within our state.

SUMMARY

The establishment of the ten Comprehensive Rehabilitation Centers just described was made possible by grants available under Section 305 of the Rehabilitation Act. These Centers (CRCs) have been designed and operated to meet the unique needs of the handicapped populations in the states in which they are located. During the two years the projects were funded the primary objective of providing "a focal point in the communities for the development and delivery of services designed primarily for handicapped persons. . ." has been met in each location. The results have been to reach more of the handicapped population, by matching needs with available service through the following: Handicapped Information and Referral, Evaluation, Community Education, 504 Technical Assistance, Rehabilitation Engineering, Recreation Programs, Job Seeking Skills, Job Information Systems, Job Development/Placement, Adaptive Equipment, and Device Information, Needs Assessment and Identification of Handicapped Groups, other Technical Assistance, and an increased awareness of Vocational Rehabilitation Services with an increase of referrals to local VR Programs. Providing a focal point has also aided in preventing duplication and overlapping of servcies as well as improved coordination of services in the community.

The Centers (CRCs) have provided over 60,000 services to more than 23,000 handicapped persons during the two funded years of operation. Because of legislative oversight, the third year funds were withheld. This oversight has resulted in severe cutbacks in the CRC Programs and two of the Centers have been discontinued. Attempts are being made to maintain at least some of the programs that were developed but with the loss of the third funding year, the transition has been difficult and in some cases, not possible.

The Comprehensive Rehabilitation Center Programs have proven effective, and are viewed as complimentary and necessary, particularly in helping Rehabilitation meet its commitment to serve the most severely handicapped. Most strong encouragement is given to continue funding of the Comprehensive Rehabilitation Center Programs.

DIVISION OF REHABILITATION PSYCHOLOGY

DIVISION 22 AMERICAN PSYCHOLOGICAL ASSOCIATION

PRESIDENT ELECT
George N. Wright, Ph.D.
Department of Studies
in Behavioral Disabilities
University of Wisconsin
1500 Highway Drive
Madison, Wisconsin

PRESIDENT
Leonard Perlman, Ph.D.
Consulting Psychologist
5312 Trailway Drive
Rockville, Maryland 20853

IMMEDIATE PAST PRESIDENT
Myron Eisenberg, Ph.D.
Psychology Service (116B)
Veterans Administration Medical Center
Hampton, Virginia 23667

February 28, 1983

The Honorable Lowell Weicker, Jr.
Chairman, Subcommittee on the Handicapped
U. S. Senate
Washington, DC 20510

Dear Senator Weicker:

The American Psychological Association's Division on Rehabilitation wishes to go on record in support of the Rehabilitation Act of 1973 as amended and its reauthorization for the next four years.

We agree wholeheartedly with the mandate as developed by the Congress and urge that you keep the original law as written. We would also hope that sections of the law that were not appropriated now be implemented as the Congress originally had intended. For example, Administration (Section 12), Evaluation (Section 14), Innovation and Expansion (Section 120), Construction of Rehabilitation Facilities (Section 301), Loan Guarantees (Section 303), Comprehensive Rehabilitation Centers (Section 305), Reader Services (Section 314), Interpreter Services (Section 315), and Community Service Employment. None of the above are luxury items, but necessities as understood and written by the Congress in the first place.

We also recommend that you increase the amount of appropriations for "Training of Rehabilitation Professionals" from its latest low point of 19.2 million to at least 29 million. The trend in the past three years has been less and less students selecting careers in rehabilitation and unless this catastrophic trend is reversed, the number of well-trained and competent rehabilitation staff will continue to dwindle. It is also a simple fact that you can't do the complex job of rehabilitation without trained personnel. Lastly, these funds are an investment in developing a cadre of rehabilitation service providers. Without them, there can be no viable program.

A letter is enclosed from Dr. George N. Wright, one of the foremost leaders and rehabilitation educators in the field and President-elect of the American Psychological Association Division of Rehabilitation Psychology. We hope that this letter is made part of the record since it reflects so well the need for more trained personnel in Rehabilitation.

TREASURER
Lawrence Feinberg, Ph.D.
Graduate Division and Research
San Diego State University
San Diego, CA 92182

SECRETARY
Roberta B. Trieschmann, Ph.D.
Consulting Psychologist
P.O. Box 5566
Scottsdale, AZ 85261

EXECUTIVE BOARD
Grady Bray, Jr., Ph.D.
University of Rochester Medical School

Alfred J. Butler, Ph.D.
University of Wisconsin

Roy C. Grzesiak, Ph.D.
Kessler Institute for Rehabilitation

Lawrence C. Hartlage, Ph.D.
Medical College of Georgia

Mary Jansen, Ph.D.
American Psychological Association
Washington, D.C.

Rose Lynn Sherr, Ph.D.
Institute of Rehabilitation Medicine
New York University Medical Center

Herbert H. Zaretsky, Ph.D.
Goldwater Memorial Hospital
New York University Medical Center

JOURNAL EDITOR
Mary Jansen, Ph.D.
American Psychological Association
Washington, D.C.

NEWSLETTER EDITOR
Rita Gugel, Ph.D.
University of Miami
School of Medicine

We also urge that your subcommittee consider an increase in the appropriations for the research activities of the National Institute for Handicapped Research (NIHR). The Senate has confirmed an excellent leader in Dr. Douglas Fenderson to make inroads in the vitally needed research efforts. These efforts are designed to develop new approaches and devices to enable handicapped persons to be more independent and generally reduce the tax burden. Research, as you know, is an investment and one that can pay excellent dividends.

We hope than the NIHR appropriations will be raised to at least 50 million from its current level of 29 million, which would have been an impressive amount in 1969, but barely allows for a holding pattern at today's inflated costs.

Speaking for our membership of rehabilitation professionals, but more important, the beneficiaries of the Rehabilitation Programs, we appreciate your knowledgeable and inciteful efforts in enabling millions of Americans to partake in the American Dream. All of us cannot thank you enough.

If we can be of any service to the Subcommittee on the Handicapped in its deliberations on the reauthorization of the Rehabilitation Act of 1973, as amended, don't hesitate to contact us.

Respectfully submitted,

Leonard G. Perlman

Leonard G. Perlman, President
Rehabilitation Psychology Division
American Psychological Association

1 Enclosure

University of Wisconsin—Madison

Department of Studies in Behavioral Disabilities
432 N. Murray Street
Madison, WI 53706

February 23, 1983

Leonard Perlman
5312 Trailway Drive
Rockville, Maryland 20853

Dear Len:

This letter is to address the need for well qualified rehabilitation counselors to resolve the vocational handicaps of individuals disabled in industry or otherwise. Success in the vocational rehabilitation process directly depends upon the qualifications of the vocational rehabilitation counselor who is the central professional person in the provision of services (viz., client assessment, counseling and planning, selecting needed medical restoration or training resources, and job placement and follow-through). Getting a disabled individual back to work usually requires knowledge of rehabilitation technology and application of special counseling skills. The job is learned in rehabilitation counselor training programs at universities offering this professional masters degree.

Both public and private agencies seek to employ rehabilitation counseling graduates because their preparation greatly increases the likelihood of successful client outcome which is suitable job placement. Consequently there continues to be great demand for trained rehabilitation counselors. Unfortunately, however, the salary level of rehabilitation workers has not kept pace with some other professional fields (e.g., business, engineering, medicine) and, as a result, our recruitment of good students is an increasing problem. The federal support of rehabilitation student stipends (and tuition) for rehabilitation graduate level education is greatly needed as a proven way of attracting students who will become qualified professionals.

My research on rehabilitation counselor function clearly shows that the masters degree in this field should be a required condition of employment. Still many state rehabilitation agencies have in their employ untrained counselors. Studies of this problem show that trained (masters level) rehabilitation counselors: are more likely to accept difficult (severely disabled) cases--and to achieve their successful rehabilitation; have greater awareness of the client's strengths and weaknesses and are better able to cope with barriers to rehabilitation (e.g., client motivational problems); are far less likely to avoid time-consuming cases (i.e., clients who require a professional counseling relationship to become employable). Formal training is the variable that discriminates best in these issues of effective services to rehabilitation clients.

The federal administration and Congress should know how critically important Rehabilitation Services Administration preprofessional preparation grants are to universities for training qualified professionals, in particular rehabilitation counselors. I believe the success of the state-federal rehabilitation program depends upon qualified rehabilitation counselors graduating from these training programs.

Sincerely yours,

George N. Wright

George N. Wright, Ph.D.
Professor, Rehabilitation

GNW:jmk

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION
Two Skyline Place, Suite 400 • 5203 Leesburg Pike
Falls Church, Virginia 22041 • Phone: 703/820-4700

STATEMENT OF THE

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION

and

AMERICAN REHABILITATION COUNSELING ASSOCIATION

by DR. PATRICK J. McDONOUGH
ASSOCIATE EXECUTIVE VICE PRESIDENT and
DIRECTOR OF PROFESSIONAL AND GOVERNMENT AFFAIRS

on

THE VOCATIONAL REHABILITATION ACT OF 1973, AS AMENDED

prepared for

COMMITTEE ON LABOR AND HUMAN RESOURCES
SUBCOMMITTEE ON THE HANDICAPPED
UNITED STATES SENATE
HONORABLE LOWELL P. WEICKER, CHAIRMAN

March 15, 1983

American Personnel and Guidance Association is Committed to Equal Opportunity.

The American Personnel and Guidance Association (APGA) and its 41,000 members, including the American Rehabilitation Counseling Association (ARCA), a division of APGA, appreciate the opportunity to present our views on the reauthorization of the Rehabilitation Act of 1973, as amended.

Our statement is directed toward the need for realistic authorizations of the Rehabilitation Act of 1973, as amended, for at least a three-year period. This extension is vitally needed to add a measure of stability in the Rehabilitation programs that span our nation and serve to develop the potential of millions of disabled people.

The Rehabilitation Act of 1973 is a model of positive thinking and direction of what can be done in the area of human services. The State-Federal partnership and its effects over the past six decades stands as a shining example of the importance of Federal leadership in reaching those that need services the most.

We wish to go on record as encouraging the Congress to maintain the mandate as it currently exists. We are also aware of the fact that several sections of the law have not been implemented due to a lack of appropriations. Some examples of Congressionally mandated, but unfunded sections include: Evaluation (Section 14). Innovation and Expansion (Section 120), Comprehensive Rehabilitation Centers (Section 305), to name but a few.

A balanced approach to providing rehabilitation services was what the Congressional architects had in mind, and this is expressed in the law itself. Direct services are stressed, however, the research component and the training section are sadly underfunded.

The trend in the past three years has been less and less students selecting careers in Rehabilitation, and unless this catastrophic trend is reversed, the number of competent and well-trained Rehabilitation staff will continue to diminish. The complex job of Rehabilitation simply cannot be done without trained personnel.

Our Recommendation: We urge that the authorization for "Rehabilitation Training" be at least $29 million (up from the current level of $19.2 million). These funds would help to reverse the dangerous circumstance that now exists.

We also urge the Congress to increase authorizations for the research activities of the National Institute for Handicapped Research (NIHR). The efforts of this Institute are geared toward the development of new techniques and devices to enhance the independence of disabled persons, thus reducing the tax burden.

Our Recommendation: We urge that authorizations for Research efforts (through NIHR) be increased to $50 million from its current level of $30 million. This type of increase, while not overwhelming, would certainly help to generate new and cost-saving approaches and devices for disabled persons in their goal of independence.

"Few, if any, resources offer more potential, I think, than our 35 million disabled Americans. Too often they are relegated to the sidelines in spite of outstanding abilities. I am proud to participate in this International Year (referring to the International Year of Disabled Persons, 1981) to help increase the awareness of each and every one of us, committed that we'll make that extra effort to assist the disabled in moving into the mainstream of American Life." President Reagan made that statement, and we would have to agree on its worth, and it is just as relevant in 1983 as we plan for the years ahead.

We will not bore you with the well-known statistics of just how much "Rehabilitation pays" and how expensive neglect can be to the taxpayer.

On behalf of the 41,000 members of APGA and the American Rehabilitation Counseling Association, we urge you to consider the following:

1. Keep the Rehabilitation Act of 1973, as amended, in its current form.
2. Increase the authorization levels for FY '84 and beyond for Training of Rehabilitation Staff.
3. Increase the authorization levels for Research for FY '84 and beyond.
4. Do not allow Rehabilitation programs, as authorized by the Act, to be a part of any Block Grant or "megablock grant" as currently proposed by the Administration.

Speaking for our membership, but more important, the beneficiaries of the Rehabilitation programs, we urge you to keep in mind that your deliberations and action will help millions of handicapped citizens partake in the American Dream.

Senator **WEICKER**. The committee will now stand in adjournment.

[Whereupon, at 12:25 p.m., the subcommittee was adjourned.]

OVERSIGHT OF THE VOCATIONAL REHABILITATION ACT AND THE EDUCATION OF THE HANDICAPPED ACT, 1983

MONDAY, MARCH 21, 1983

U.S. Senate,
Subcommittee on the Handicapped,
Committee on Labor and Human Resources,
Washington, D. C.

The subcommittee met, pursuant to notice, at 9:35 a.m., in Room SD-430, Dirksen Senate Office Building, Senator Lowell Weicker, Jr. (chairman of the subcommittee) presiding.

Present: Senator Weicker.

OPENING STATEMENT OF SENATOR WEICKER

Senator **Weicker**. This hearing will come to order.

Our task today is twofold. First, we continue our review of the Vocational Rehabilitation Act of 1973, this Nation's principal Federal legislation for vocational training and placement of disabled persons. This morning we focus on three major areas within the act: Training, special projects (including those for migrant workers and the severely disabled), and the Helen Keller National Center for deaf-blind youths and adults.

We also begin a review of the Education of the Handicapped Act [EHA], one of the most significant statutes ever passed to offer handicapped children equal access to education. Federal programs are serving more than 4 million handicapped children. In many ways these programs are successful. The quality, range and comprehensiveness of the services provided under the act have steadily improved.

But there is still work to be done. Two recent studies, one by the General Accounting Office and another by a private research group, agree that the intent of the law has not yet been fully realized. All eligible handicapped children have not yet achieved the free appropriate public education to which they are entitled.

Today we set the stage for forward motion in guaranteeing their rights. This chairman does not look on the act as a means of holding on to the gains of the past, though that we must do. Primarily, however, it is a bridge to the future and to our final goal of affording equal opportunity to all handicapped citizens.

The 10 discretionary programs falling under the rubric of Public Law 91-230 will be examined during these hearings, as two sections of Part B of Public Law 94-142. We will not at this time be

222

considering the basic framework of the act, or the State grants under Part B.

I look forward to the hearings today, and again on Wednesday, about how we can better meet the needs of the people these laws protect.

At this point we will receive for the record a statement by Senator Jennings Randolph.

[Senator Randolph's prepared statement follows:]

PREPARED STATEMENT OF SENATOR RANDOLPH

Senator RANDOLPH. Welcome to our witnesses and guests. We are here today to receive testimony on the discretionary programs of the Education of the Handicapped Act. These discretionary programs, centers and services to meet special needs of the handicapped, training of personnel, research, and instructional media and materials, are an essential and an integral compoinent of the Federal strategy to provide a free appropriate public education to all handicapped children. The supportive services, training, and other activities provided by these programs have historically assisted the States in meeting their obligation to provide special education services to handicapped children. Since the enactment of Public Law 94-142 in 1975, these programs have provided valuable basis of experience and expertise for States to draw on to meet the mandate established by Public Law 94-142.

Part C, centers and services to meet special needs of the handicapped, authorizes regional resource centers, early childhood programs, programs for severely handicapped youngsters, programs for deaf-blind children, and regional education programs of postsecondary education for deaf and other handicapped persons.

Part D, training personnel for the education of the handicapped, has as its purpose assisting in meeting the need for an adequate supply of educational personnel who are trained in the special educational needs of handicapped children. Appropriately trained personnel and a sufficient number of personnel are absolutely essential if all handicapped children are to receive a free appropriate public education.

The innovation and development activities funded under the authority of part E, research in the education of the handicapped, provide the information and resources essential to the development of full educational opportunities for handicapped children. These research activities contribute significantly to the total mission of educating the handicapped children of this Nation.

Part F, instructional media for the handicapped, responds to the needs of both handicapped children and their teachers by providing educational media, materials, and communications technology to assist in the educational process. The present program is an outgrowth of a program enacted in 1958, which authorized the production and lending of captioned films for deaf persons.

The reauthorization of parts C, D, E, and F is necessary to continue the important services and activities provided under the discretionary programs of the Education of the Handicapped Act.

We will also hear testimony from a witness on the preschool incentive grant program, which was established by Public Law 94-142. This program encourages States to provide special education services to handicapped children aged 3 to 5.

These programs are all very important to the handicapped children of this Nation. The testimony received from witnesses will be very helpful to the subcommittee as it deliberates on the reauthorization of the discretionary programs of the Education of the Handicapped Act.

Senator **WEICKER**. Our first panel consists of Mr. Gary L. Bauer, the Deputy Under Secretary for Planning, Budget and Evaluation, Department of Education. He is accompanied by George Conn, the Acting Assistant Secretary, Office of Special Education and Rehabilitative Services; and Carol—you tell me if I am pronouncing it right—Cichowski, Director, Division of Rehabilitation, Civil Rights and Research Analysis.

Mr. Bauer, I imagine you are the leadoff witness here?

STATEMENT OF GARY M. BAUER, DEPUTY UNDER SECRETARY FOR PLANNING, BUDGET, AND EVALUATION, DEPARTMENT OF EDUCATION, ACCOMPANIED BY GEORGE A. CONN, COMMISSIONER, REHABILITATION SERVICES ADMINISTRATION AND ACTING ASSISTANT SECRETARY FOR SPECIAL EDUCATION AND REHABILITATIVE SERVICES; CAROL A. CICHOWSKI, ACTING DIRECTOR, DIVISION OF SPECIAL EDUCATION, REHABILITATION, AND RESEARCH ANALYSIS

Mr. **Bauer**. Yes, Mr. Chairman.

Senator **Weicker**. Proceed.

Mr. **Bauer**. Thank you very much.

I am pleased to present testimony for the Department of Education on the subject of reauthorization of the Rehabilitation Act of 1973, as amended.

The Rehabilitation Act of 1973, as amended, authorizes the allocation of Federal funds on a formula basis to States to provide services to assist disabled individuals to prepare for and engage in gainful occupations. Significant progress has been achieved over six decades to develop a service delivery system in the States to rehabilitate disabled persons. However, we are proposing amendments to the act as part of our reauthorization effort because we believe there is room for improvement in the rehabilitation outcomes that can be achieved for the severely disabled.

For example, about three-quarters of all rehabilitants are placed in the competitive labor market; for the severely disabled the proportion is about 65 percent. In fiscal year 1981, the mean weekly earnings at closure of severely disabled rehabilitants with earnings was $148; for the nonseverely disabled, $168. Based on rough data, approximately 37 percent of the severely disabled rehabilitants received less than the Federal minimum wage in 1981, while 21 percent received no wages at all at case closure. In the last 2 years, increasing proportions of the severely disabled have been placed as unpaid homemakers.

Current law simply does not provide adequate incentives for State rehabilitation agencies and professionals to provide services that produce lasting functional and economic independence at the highest possible levels to the most severely handicapped clients. Regardless of performance, the States receive their funds according to a formula based on population and per capita income. The current measure of success used by the program assigns credit on an overly simplistic basis by combining into a single category employment in the competitive job market, sheltered workshops, unpaid work of homemakers and unpaid family work. Moreover, the definition of successful rehabilitation only requires 60 days in employment.

Several audits and evaluation reports have also indicated that changes are needed in the current rehabilitation system to improve rehabilitation outcomes, especially for the most severely disabled. In 1976, the General Accounting Office [GAO] reported to the Senate Subcommittee on the Handicapped that since counselors have traditionally been rated on the basis of the number of persons they rehabilitate and the severely disabled are more costly to rehabilitate, counselors would naturally have some reluctance to allocate a significant portion of their resources to rehabilitating the severely disabled, which would result in rehabilitating a smaller number of clients. GAO noted that rehabilitation counselors believe that a system which accounted for the cost and difficulty of the cases would give added incentive to increasing services to the severely handicapped since the emphasis on sheer numbers would be reduced.

In 1978, Berkeley Planning Associates reported that rehabilitated clients were often placed in jobs that are low paying, unstable, or not in conformity with the original employment objectives. They concluded that if meaningful rehabilitation is to be achieved for more clients, an incentive must be provided for counselors to pursue services which assure that clients achieve stable employment with earnings of at least the minimum wage. The Berkeley report suggested the introduction of a performance measure that directly appraises the quality of client services or outcomes such as the wage level or whether the benefits are retained over time.

In 1982, the GAO reviewed a sample of rehabilitated clients in five States and found, that in 35 percent of the cases there was no apparent relationship between the client's job at closure and the vocational rehabilitation services provided. Other problems identified by GAO included failure of State rehabilitation agencies to observe the requirements for eligibility and case closure as well as identifying the use of similar benefits. Similar problems have been reported in 1973 and 1979 by the Department of Health and Human Services' internal audit agency.

The Department recommends that the Congress consider changes to the Rehabilitation Act of 1973, as amended, that would advance the following principles:

Reward States for good performance in rehabilitating the severely disabled;

Establish a more meaningful measure of program success capable of influencing the talents and energies of State vocational rehabilitation agencies, which will ultimately produce greater functional and economic independence for disabled clients;

Provide greater State flexibility in the provision of services; and

Promote stricter accountability standards in such areas as client eligibility and case closure for successful rehabilitation.

We propose that Title I be amended to reward State performance in rehabilitating the severely disabled by distributing part of the funds appropriated for State grants on the basis of a weighted case closure system. Beginning in 1985, one-third of the State grant funds would be allocated to the States on the basis of their performance in rehabilitating the severely disabled. Rehabilitations would be weighted to maximize the financial incentive for placement in jobs that achieve economic independence.

Rehabilitations resulting in employment at or above the Federal minimum wage (which would incorporate statutory or regulatory exceptions for sheltered workshops and work activity centers) would receive a weight of 1.5. Each rehabilitation resulting in employment below the Federal minimum wage would receive a weight of 1.0. In recognition of the economic and independence value of unpaid homemaking and family work, these rehabilitations would receive a weight of 0.5. To assure that employment outcomes are stable as well as financially rewarding, the definition of successful rehabilitation would be strengthened to require 120 instead of 60 days of employment.

The remaining two-thirds of the appropriation would be allotted to the States using a simplified version of the current formula based on population and per capita income squared. To provide sufficient time for the States to adjust to the proposed changes in the formula, hold harmless provisions have been included for fiscal years 1985 and 1986.

We are also proposing changes to take effect in fiscal year 1984 designed to provide greater State flexibility in the planning, administration, organization and delivery of rehabilitation services. For example, the amendments retain the requirement for a sole State agency to administer the program, but eliminate the detailed provisions prescribing how that agency is to be organized and administered. The bill would also eliminate a number of State plan provisions which address administrative issues we believe are better left to State discretion.

The bill would retain and improve the provisions which provide protection and rights for the handicapped. The bill would retain requirements relating to the priority for providing services to the severely disabled, the individualized written rehabilitation program, the availability of personnel trained to communicate in the client's native language, the prohibition against residence requirements, the review of sheltered workshop closures, and affirmative action for the employment of qualified handicapped individuals.

The bill would revise appeal procedures concerning State review of agency determinations to include both determinations concerning eligibility of an individual, as well as the appropriateness of the rehabilitation services provided. The bill would also add a provision requiring the State agency to provide client assistance services to all clients and client applicants, including information and advice concerning the benefits available under the act, assistance in pursuing legal, administrative or other remedies under this act, and appropriate referrals to other State and Federal programs. In addition, the bill includes a new provision protecting the confidentiality of personal information provided by clients to counselors and agencies.

In order to provide for the continued development of a comprehensive and coordinated program of handicapped research and the dissemination of information on the most effective practices, Title II authorizing the conduct of handicapped research through a National Institute of Handicapped Research is retained under the bill. The bill would extend the authorization of appropriations for handicapped research under Title II through fiscal year 1988.

A variety of existing discretionary programs are included in Title III under a single authorization of appropriation. The purpose of Title III is to authorize grants for projects of national or regional significance, or projects to meet the unique needs of special handicapped populations. It includes authorizations for the following activities: Training, grants to Indians, projects with industry, centers for independent living, special demonstration programs, including projects for the severely disabled, migratory workers, the Helen Keller National Center, and special recreational programs. Title III also includes authority for the Commissioner to provide consultative services and technical assistance, to provide for the collection and dissemination of information, and to evaluate any of the programs or activities carried out under the act.

Although we are not proposing to change the scope or types of activities funded under these authorities, we are proposing some modifications. For example, we are proposing to extend eligibility for grants and contracts under these activities to forprofit organizations. We are also proposing to eliminate specified matching rates and to authorize the use of Federal funds to pay all or part of the costs of projects funded under these programs.

In summary, we believe the administration's proposal would improve rehabilitation outcomes for the disabled by enhancing both the incentive and the capability of State agencies to make the most effective use of Federal, State, and local resources in serving the disabled.

We would be happy to answer any questions that you might have.

Senator **Weicker**. Today you are proposing changes in the Vocational Rehabilitation Act, to give more Federal direction to the States. Yet, just over a week ago the administration proposed a block grant for this program.

Did the Department prepare both of these proposals?

Mr. **Bauer**. Yes, we cooperated in preparing both of these proposals.

Senator **Weicker**. Well, maybe you better answer the question as to whether the Federal Government intends to provide more or less direction to the States.

Mr. **Bauer**. Well, Senator, although I have never been very good at predicting what Congress will do, I suppose there is an outside chance that the turnback proposal which the administration has made to Congress will not be acted on favorably.

If that is the case, the proposal we are talking about here today reflects how we would like the program to work, if in fact it reminds a program administered by the Department of Education.

In addition, as you may know, under the turnback proposal which has been sent to the Congress, States have the option to participate or not to participate.

We would anticipate that some States may not participate, and for those who do not, we are proposing that this legislation govern how those States conduct their program.

Senator **Weicker**. Which is the number one choice? You are throwing two situations out here. What is the administration's first choice?

Mr. **Bauer**. Well, I think that the turnback proposal is certainly a high priority, and one that we hope Congress acts on favorably .

Senator **Weicker**. Block grants?

Mr. **Bauer**. Yes.

Senator **Weicker**. That is your first choice. If that occurs, then what is being proposed here is not necessary. Is that correct?

Mr. **Bauer**. Well, no, that is not correct. Under the block grant proposal participation is optional. States would not be required to participate, and we think it is probably unlikely that every State would want to participate in the block grant proposal.

In that case, those States who opt not to participate would be able to conduct their program under the legislative proposal we are making today.

Senator **Weicker**. Now, in your testimony you suggest several ways in which the rehabilitation program might be strengthened, for example, awarding States for serving the severely disabled, and tightening the definition of successful rehabilitation.

Yet your Department's own memorandum of September 14, 1982, is replete with references to the fact that the principal impediment to warrant successful rehabilitation is a lack of funding.

Given this fact, how do you justify requesting an authorization for level funding in 1984, in such sums for the out years?

Mr. **Bauer**. Well, Senator, as you know, all the proposals that the various departments have submitted to the Congress were made in the context of the very difficult economic and fiscal situation that faced the Federal Government. We feel rather good about the fact that at a time of budget cuts, we were able to maintain level funding for the program.

If we have the kind of economic recovery that the administration expects, we are getting increasing indications that it is underway, it is certainly possible in the years ahead that we will be able to make a larger commitment to a variety of programs.

But again, we think level funding at a time of budget cuts is a positive proposal to make.

Senator **Weicker**. Do you think it is fair to impose the same limitations on the constituency which you serve, as it is those that have no particular impediments? Do you think it is fair to impose upon them the same limitation, or limitations, rather?

Mr. **Bauer**. Well, I would not, at first glance, interpret level funding as placing some sort of severe limitation this year.

Senator **Weicker**. You have already done that. I do not think that is disputed. Because you already indicated, by your own internal memorandum, what is holding you back from successful rehabilitation is a lack of funding. That is your statement, and not mine.

Mr. **Bauer**. Well, I would certainly agree that there are a variety of programs where we would be able to serve more people in better ways if we had more money.

Senator **Weicker**. That is what I am trying to do I am trying to talk about your program. I am not trying to talk about any other programs in any other departments, or the Government as a whole, the Congress, the Defense Department, but I am talking about your programs.

I do not think there is any solace to be gained by the person that is in need of rehabilitation because somebody over in the Department of Transportation is suffering a little loss, or somebody in the Treasury Department is suffering a loss, or that the Customs Bureau has to be pulled back. That has nothing to do with what we are talking about here today.

I would like to know, considering your memorandum.

Is the justification for the level funding strictly a justification born of the overall belt tightening in the Federal budget, is that it?

Mr. **Bauer**. Well, Senator, I would have to say that there is no program in the Federal Government, including the ones that we are here presenting to you today, the funding levels of which were decided in a vacuum.

So, yes, all of the programs, including this one, were examined in the context of the fact that the Federal Government is under severe fiscal and budget pressure, and that certainly was a factor in deciding what to do with every program.

Nonetheless, we feel, relatively positive about the fact we have retained level funding for this program, and that if you look at the entire budget of the Department of Education, a significant portion of that budget is going to this program, as well as to aid to the handicapped.

Senator WEICKER. Here I sit, a U.S. Senator. There have been cutbacks also in the legislative branch currently, which also emanates from the same belt-tightening process. Here I am 6 foot 6, 235 pounds, at least at this point, in a condition where I have got everything going my way. Here sits my good friend over there, Robert Williams. He has been a member of my staff. Robert has a few more problems than I have got. He has got a far better mind than I have got. There is no question about that.

Do you think that it is fair that Robert and I go ahead and sort of share equally the belt-tightening process?

Mr. BAUER. Senator, I do not believe we are asking you to share equally the belt-tightening process. I would point out again that we have asked for level funding. We have managed to protect this program from the relatively larger number of budget cuts that were recommended by——

Senator WEICKER. No, no, no, let us be candid. You have not protected. You have not. The Congress has protected. You have finally fallen into line with the Congress this year.

Mr. BAUER. No; I am talking about the process we went through this year, to come up with the recommendation that was made for this program, and that recommendation is basically level funding.

Senator WEICKER. Which means that there are those that are going to be unserved, or underserved, right?

Mr. BAUER. Well, to the extent that there is unmet need, that obviously is true.

Senator WEICKER. Your September 14 memorandum reads:

> Caseloads of severely disabled persons have, until recently, been largely shielded from the effects of the declines of the purchasing power of the rehabilitation dollars and various economies because increasing State agencies have focused on the support groups. However, their numbers, too, have shrunk in recent years, albeit at modest rates. The State agencies have targeted ever higher proportion of their initial resources to the severely disabled of fiscal 1982. This would likely moderate the expected decline in such cases.

So what you are saying is that the States do not pick up the ball, you have got problems, right? That is your language. It is not mine.

Mr. BAUER. I have not had the pleasure of reading the memo, which you apparently have gotten from my Department, but taking it at face value, Senator, I would stand by the fact that we have made a level-budget proposal.

I would certainly agree that there probably is unmet need. To the extent that States cannot help meet that need this year, then obviously there will be some people who would not receive all the services they might have received if we could have come here with twice as much, or three times as much.

I cannot argue with you that if you triple, quadruple, double, or whatever the size of a budget proposal, that you are going to serve more people. However, we believe, and the contacts——

Senator WEICKER. Not necessarily. Not necessarily. I do not believe that throwing money is the solution to the problem. I realize that is how we are supposed to get a better defense right now. Anything and everything goes out for defense, and that makes us more secure. I think it is a rather foolish proposition. And I think it is just as foolish as if I sat here and said, by throwing money in this area that we necessarily achieve success.

I am not buying that. That is not the point that I am trying to make. The point that I am trying to make is that clearly, by virtue of your own memorandum, a memorandum sent by the Department of Education to the States, it was not anything that was dug out of your files by my staff members. It is a public document that clearly states what is going to happen either in terms of those who are presently being served, underserved, or not served, or indeed will have, if the States cannot pick up the slack.

Again, I repeat, your job, as I see it, and this is where we have fallen into some disagreement with those that come from the Department of Education Center, your job is not the Defense Department, your job is not any other portion of the budget, except the job given to you as a Department of Education on behalf of particular constituency, depending on whether a law is before this committee and the Appropriations Committee.

I really get tired, as I am sure you get upset with your constantly having to refer to your part of the whole budget process, rather than being an advocate.

Now, maybe it is that certain parts of the budget under you, where advocacy is capable of being generated by the constituency itself, but not in this particular case. This case which comes up under the Rehabilitation Act, frankly, your advocacy is everything. Without it these people are going to get left to the side of the road. That is why I hit this as hard as I do.

I am just not interested in the overall economic argument when it comes to the disabled. It is an effort on our part, some sacrifice on our part, some money on our part, planning on our part. Clearly, you get up in the morning, and you have the same kind of hope that you and I share when we get up in the morning.

Mr. BAUER. Senator, I understand your position entirely, and I am sorry that we cannot come up here as freelancers, and give our own independent views, as though we're in a perfect world, in which everybody comes up and talks about whatever they want. But I do not think the Government would run very well that way. We have to develop these proposals in the context of this administration, and we believe we have got a good proposal.

Senator WEICKER. Try freelance, you know. I love it. I do it all the time with my own party. I grant you, there is a tradeoff as to what you get and what you do not get.

Every now and then, some one of the independent commissions under the aegis of Labor, HHS, will come forth, and really speak their mind. It is usually someone who is not being paid by the administration. They are independent, and they will speak their mind. But it is all there. And I realize the constraints, Mr. Bauer, that you are under, but I just feel that there are those exceptions which so dominate in the public mind that there would in no wise be any negative fallout as far as an honest expressional opinion is concerned. Because I think the public as a whole is going to do all it can to sacrifice, but more important, the public is willing to go the extra measure for the person who has difficulty, and these are the people we are dealing with.

Mr. **Bauer**. Senator, at the risk of earning your ire on this question, if we were freelancing this morning, we would be bringing the same proposals. We work very closely with OMB on these, and we feel that these adequately address the needs in the context of the overall priorities of the administration and the economic and fiscal situation.

Senator **Weicker**. You are not working for OMB, that is the whole point. OMB has a place in the process.

Mr. **Bauer**. Indeed they do. And it was a give and take process. We are all working for the President.

Senator **Weicker**. Well, I would prefer, very frankly, that you know these changes of heart, of action, emanate from your side of the table. That is why I try to be reasonable, and try to convince you of this.

But in the final analysis, the change needs to take place on this side of the table.

In Senate mechanism proposed for distribution, one-third of State grant funds provide the greatest award for competitive job placement following rehabilitation.

What safeguards will the administration use to prevent States from serving only the easiest and cheapest cases for the severely handicapped?

You know, it would be a great thing if the Washington Redskins could play the New Orleans Saints 10 games a year. Our record would be pretty good. But try playing the Dallas Cowboys 10 games a year, and there are problems.

What, under your system, is going to prevent that type of situation from compiling a table of success that looks good there in black and white, and achieves a sense of being the easiest case to be resolved?

Ms. **Cichowski**. Senator Weicker, I think you are concerned about the creaming problem that has been identified in the program. Although we have not included a specific safeguard against creaming, I should point out that the performance based funding is focused entirely on the rehabilitation of the severely handicapped.

So, in effect, we have guarded against creaming, by distributing funds only on the basis of performance, in rehabilitating the severely handicapped. These are the most costly to rehabilitate. To the extent that the States focus their resources on those easiest among the most difficult in the target population, they will have that option, but we will avoid diverting resources to those individuals that are marginally handicapped, or perhaps not handicapped at all.

We feel we have gone at least part way toward addressing this problem.

Senator **Weicker**. Where is the definition of severely handicapped? Is that in the regs?

Ms. **Cichowski**. We have not made any changes. There is a statutory definition of severely handicapped, and we have not proposed any changes to that.

However, we do anticipate regulating to ensure that we have a workable definition for the States. Obviously it will be critical to have a definition that is clear and functional.

We have retained authority for the Secretary to regulate on this point, and would expect to.

Senator **Weicker**. Natalya points out to me that the definition relates to handicapped, and not severely handicapped, is that included?

Ms. **Cichowski**. Severe disability is also included as a definition in the bill.

Senator **Weicker**. What about rehabilitation, have you explained the proposed changes in the definition of rehabilitation?

Ms. **Cichowski**. Basically we have incorporated into the proposed amendments the definition of rehabilitation that the program has been using by regulation. We have made one significant change.

As far as the performance based funding is concerned, we have strengthened the definition of successful rehabilitation to require 120 days of suitable employment rather than the 60 days that is currently required in our regulations.

Senator **Weicker**. In your proposed amendment, you propose eliminating the directions Congress has provided as to how discretionary money may be spent, and also virtually eliminated any advice from the National Council.

Why do you feel that only the administration should decide where, when and how rehabilitation dollars will be spent?

Ms. **Cichowski**. Senator Weicker, we did not eliminate the statutory provision that requires the Council to provide advice to the Commissioner in the development of policy for programs.

Senator **Weicker**. Counsel tells me that the ability of the Council to advise has been changed considerably, in your proposal.

Ms. **Cichowski**. Only with respect to the National Institute of Handicapped Research. Currently the Council has the responsibility to establish general policies for NIHR, and in addition to provide advice to the Commissioner on the administration of other programs administered by RSA.

We have not made changes with respect to the Council's responsibility for advising the Commissioner on the rehabilitation program. We have modified the Council's role vis-a-vis NIHR. We have altered that, to be consistent with its advisory role, vis-a-vis the Commissioner.

Senator **Weicker**. Further questions will be submitted for response to the record, and thank you all very much.

[The following was received for the record:]

Question 1: A year ago the National Council on the Handicapped, then chaired by the distinguished Dr. Rusk, presented a Report to Congress which took sharp issue with the Administration's proposals for disabled Americans. Congress agreed with the Council and rejected the Administration's proposals. Now you are proposing that the Council's policy making authority be eliminated and the scope of its annual report be severely limited. Doesn't the Administration want the views of respected rehabilitation professionals and disabled advocates? Should the Council be muzzled on what it can or can't recommend to Congress?

Answer: The Administration is not proposing to eliminate the Council's role in advising the Commissioner with respect to the policies and conduct of RSA or the Department on the development of programs carried out under the Rehabilitation Act. The Administration believes that the Council provides an important vehicle for obtaining the views of rehabilitation professionals, disabled advocates, and others concerned with these issues. Although the proposed amendments would no longer require the Council to include specific recommendations in the annual report they would continue to require an annual report to the Secretary, President and the Congress on the activities of the Council. The Administration is also proposing to change the Council's responsibilities with respect to the National Institute of Education from a policy-making to an advisory role. This change is in keeping with NIHR's current relationship with the Council.

Question 2: The incentive mechanism proposed for distribution of one-third of state grant funds would provide the greatest reward for competitive job placement following rehabilitation. What safeguards will the Administration use to prevent States from serving only the easiest and cheapest cases among the severely handicapped?

Answer: One of the principal objectives of the proposed amendments is to promote the competitive employment of the severely disabled. We would expect the States to emphasize the placement of these severely disabled who have the greatest potential for competitive placement since the proposed amendments would give the greatest weight to such placement. However, the bill does not propose to change the eligibility requirements of current law so as to allow States to serve only the easiest and cheapest cases. In addition, the bill would require independent financial and compliance audits every two years and a program review at least every other year including review of adherence to statutory standards such as client eligibility and case closure requirements.

Question 3: Please explain the proposed changes in the definition of a "rehabilitation". What are the costs and benefits [illegible] new definition?

Answer: The proposed changes to the definition of the term "rehabilitation" are intended to improve the quality of rehabilitation outcomes. The definition would require a successful rehabilitation to be demonstrated by 120 days of suitable employment, 60 days longer than the current regulatory definition. The proposed definition would also assure that the achievement of a vocational goal is consistent with the handicapped individual's Individualized Written Rehabilitation Program (IWRP) and that services have been provided in accord with the IWRP. The proposed definition would benefit handicapped individuals by promoting more lasting and stable employment outcomes consistent with the objectives and services of the IWRP.

Question 4: In your proposed amendments, you propose eliminating the directions Congress has provided as to how discretionary program money may be spent and also virtually eliminate any advice from the National Council. Why do you feel that only the Administration should decide where, when, and how Federal rehabilitation dollars are to be spent? What problems has the Administration encountered in sharing this responsibility with Congress, and how would Administration priorities vary from those currently established?

Answer: The proposed amendments to the Rehabilitation Act would place a variety of discretionary programs under Title III under a single authorization of appropriation. The Administration would, as it does now, submit a justification of appropriation estimates which would provide specific data and justification for proposed activities. Spending plans under a continuing resolution or appropriation bill would take into account Congressional advice or direction. Administration priorities would continue to be consistent with the purposes of the existing discretionary authorities which would be placed under Title III.

Question 5: Why is the minimum State grant allotment proposed for reduction to $2 million? Would this not place an unfair burden on the smaller States and make it more difficult for them to compete for funds under the incentive mechanism?

Answer: The proposed amendments to the Rehabilitation Act would provide that each State would receive no less than two million dollars under the allotment formula. The minimum allotment has been reduced by one-third because one-third of the funds would be distributed on the basis of performance. However, to ease the transition to performance based funding the proposed bill also includes a hold-harmless provision for fiscal years 1985 and 1986 to phase-in the formula revisions. In fiscal year 1985 no State would receive less than 90 percent of the total amount allotted in fiscal year 1984 and in fiscal year 1986 no State would receive less than 75 percent of the amount allotted in fiscal year 1984. These provisions are intended to provide an adequate transition period and a base allotment for the smaller States to enable them to compete on an equitable basis under the weighted case closure system.

Question 6: Some of the unfunded authorities of the Rehabilitation Act may be considered for funding as the economy improves. Why is the Administration proposing that all unfunded authorities be deleted for the Act?

Answer: The proposed amendments to the Rehabilitation Act would remove a number of unfunded or duplicative authorities. In general, these authorities have been proposed for deletion on the basis that they duplicate other existing authorities or that the authority in question is not an appropriate Federal responsibility in view of the limited resources available to support the primary employment objectives of the program.

Senator **Weicker**. The next panel to appear before the Committee consists of Richard Verville, counsel, American Council of Rehabilitative Medicine, American Academy of Physical Medicine and Rehabilitation; and D. Kenneth Reagles, president-elect, National Council on Rehabilitation Education, Department of Rehabilitation Education, Syracuse University, N.Y.

Dick, welcome. Why do you not go ahead and lead off here?

Everybody's statement, in its entirety, will be placed in the record at the appropriate point.

Why do you not proceed to summarize your statement, so that if we have questions, we might have time?

STATEMENTS OF RICHARD E. VERVILLE, COUNSEL, AMERICAN COUNCIL OF REHABILITATIVE MEDICINE, AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION, WASHINGTON, D.C., AND D. KENNETH REAGLES, PRESIDENT-ELECT, NATIONAL COUNCIL ON REHABILITATION EDUCATION, DEPARTMENT OF REHABILITATION EDUCATION, SYRACUSE UNIVERSITY, NEW YORK

Mr. **Verville**. Thank you, Senator Weicker.

Let me just take a moment to thank you on behalf of, not only the groups that I represent, but I am sure the entire rehabilitation community, and the special ed community, for having these thorough and thoughtful hearings.

It follows somewhat in the tradition of the program which every now and then gets broken, but which was started by Mary Switser, and obviously comes through to today, that we get a thorough look at the programs.

I am here representing organizations that deal essentially with the—they are the professional organizations dealing with physical rehabilitation, in other words, the health related rehabilitation professions. I am testifying on the training program largely, although there is no way that you could testify about professional training, without testifying somewhat about what rehab services are, because the professional training program operated under the Rehabilitation Act is the only program that provides for the training of the professionals that serve in the adult rehab field. It is the only source of support, though people may not realize this, for the training of physicians, physical therapists, occupational therapists, speech pathologists, audiologists, prosthetics and orthotics. And those are just the six disciplines that deal with the health side of rehab.

It is very fair to say that training is simply an adjunct to a service program. If it came down to a tradeoff in order to assure adequate services to handicapped people, we trade off training money against service money.

On the other hand, it is obvious that you have got to have well trained professionals in order to deliver an effective service. Clearly rehab is a very specialized kind of service that focuses on the very severely handicapped, to a large extent. I disagree with the major implication in the administration's testimony, that the program does not do that now.

I think a lot of evidence cited in their testimony which I just read a few moments ago is material that was looked at before 1978. And in 1978 the act was changed to require, by law, that priority be given to severely disabled people.

Therefore, it is quite logical to assume that beginning with the real implementation of the 1978 amendments, probably in 1980 and thereafter, that the program would be operating differently. In other words the problems they were citing were problems based on a look only at evidence that came before the 1978 amendments.

We think the program is dealing with severely disabled people, but we are very afraid we have reached somewhat of a critical point in the training program. The resources of the training program for professionals are two-thirds devoted to support to universities for the training of professionals that will come into the field and one-third for continuing education and inservice training for those currently employed. That ratio has stayed about the same over the years.

However, as the total amount of rehabilitation service dollars has grown, and grown as it should, by—from the mid-seventies to now, close to 50 to 60 percent, the amount of money devoted to training people to serve in the field has actually decreased by about 50 percent. That is not to say that we should be held constant, necessarily. Training is a function of what the service system needs, and what the manpower system needs.

And it well could need only something in the order of what has been funded 2 years ago, $25 million. It might not need the 32 million that it was funded at in 1978. It is fairly clear that if you try to hold the training program constant in 1978 dollars, you would be up to $40 million now.

We think the major problem is, we have reached the point where at $19 million, the overall training program is really not responding to a very serious need. The evidence of shortages in fields of the health professions in rehab is substantial.

The RSA is required by law, because of the 1978 amendments, to have a manpower training plan that looks at the service system needs, comes up with shortage figures. That plan or report was issued in 1980. It has not been updated, to my knowledge, recently. But it showed that there were substantial shortages of physical therapists, occupational therapists, speech pathologists, physicians and prosthetics orthotics, as of 1978, 1979 and 1980.

The Graduate Medical Education National Advisory Committee, one of those independent commissions that you were talking about, that was set up to advise the administration on physician needs, basically concluded, 2 years ago, that we had an oversupply of physicians generally, but that in some specialties there were serious problems. The specialty of physical medicine and rehabilitation was one in which they found they actually needed twice as many people by the mid-eighties to 1990 as you had now.

I think that also corroborates the data that exists on the other areas, PT, OT, speech audiology, prosthetics and orthotics, because the practice of rehab as a health service is a team process. I think there are similar needs for the allied health professions as there are for medicine. Yet we are now getting in all of those disciplines about 4½ million. In the period of 1977 to 1979, those programs were generally getting about $8 to $10 million. I am not here just to request money for institutions. But I really do believe that we are reaching a critical point where the training programs are not dealing with the shortages of people that are necessary to deliver services out there. And putting money out there to buy services, which is by far the most important thing, will not be buying what we want to buy, if there are not people trained in the specialties that we need. They have to be specialized more and more since care is getting very specialized, and severely disabled people are, thank God, living in larger numbers. The issue is what is the quality of life and the function of the individual.

And if you do not have a specialized group of people out there to serve the handicapped, you are in trouble. I would just like to make one final comment, and that is in looking at the administration's proposal, I would say that the organizations that I am representing would oppose lumping together all of the Federal discretionary rehab programs into one pot, and that is because of what I was just saying, really.

We believe that there have to be stricter standards, and better targeting of training money now, not looser ones. We would also oppose not only block granting, or at least the two organizations that I specifically represent would, but also reducing the standards the way the administration's proposal today would, because they still loosen them. They talk about loosening standards for people employed in the agencies, and about not requiring certain minimum Federal standards.

I think the professions believe, and this includes medicine, which historically has not been for Federal standards necessarily, that you have got to have Federal standards in these programs.

Thank you.

[The prepared statement of Mr. Verville follows:]

23,

TESTIMONY OF

RICHARD E. VERVILLE, LEGAL COUNSEL

For The

AMERICAN CONGRESS OF REHABILITATION MEDICINE:

And The

AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION

A. The effectiveness and value of rehabilitation services to a handicapped person depends wholly, in my opinion, on three factors: (1) the skill and dedication of the professional providing the service; (2) the timeliness of the service; and (3) the opportunities presented by the economy and the physical environment.

a. If a skilled and dedicated professional or team of professionals of either the health care or the vocational rehabilitation systems can deal with a client or patient at the time when that service is needed, rather than too late, that service has a substantial likelihood of making a difference assuming there are jobs to be had and that the social, economic and other systems are accessible.

b. However, if we do not have either appropriately trained professionals, in sufficient numbers, as well as a system of adequate governmental financing to assist in paying for the services, there is no way that rehabilitation services will be effective.

c. Financing for services in a system without adequate numbers of appropriately trained people is not going to buy much and likewise large numbers of well trained professionals without financing for the services is a waste. This is true in any area in which we desire to have a personal service delivered to an individual in need as opposed to a cash payment or a product such as food or housing. It is true of education, health care, mental health services and clearly true of rehabilitation which is essentially a comprehensive set of all needed services whose goal is improved function.

BEST COPY AVAILABLE

B. In the delivery of a rehabilitation service, extraordinary skill and dedication are necessary. Today I am speaking to the area of the health care rehabilitation team and my fellow witness is speaking largely to the area of vocational counseling and job placement. Each of these elements is critical to the necessary outcome of the service delivered. On the health care side of the equation, the focus is upon the physical, psychological and social functioning of the individual and the integration of those areas with vocational counseling and job placement. This team involves skilled therapists, physicians, and nurses. Specifically, we are talking today of the critical needs for well trained professionals in the areas of physical and rehabilitation medicine, physical therapy, occupational therapy, speech pathology, audiology and prosthetics and orthotics. The rehabilitation service paid for by whatever payment system (vocational rehabilitation, Medicare or Medicaid, special education, etc.) will not be effective or worth investing in if we are not able to supply trained people in these fields in adequate numbersq Neither a general practitioner or medicine nor other practitioners untrained in these special areas can make the necessary contribution to the care of the patient or client.

C. What is then the problem? The problem is that the budget for training professionals to enter the rehabilitation field has dwindled to a breaking point and other resources are not available to support the development of university programs or the student.

In the areas of rehabilitation medicine, physical therapy, occupational therapy, speech pathology, audiology and prosthetics and orthotics, the number of grant awards and the amounts provided have decreased by 50% since 1978. Last year the total training budget was only $19.2 million and in total those fields received only $4.7 million. This year, we are led to believe that these six disciplines will receive less than $4.7 million and that essentially the programs are on a phase-out plan. In FY 1978, the areas of rehabilitation medicine, physical therapy, occupational therapy, speech pathology, audiology and prosthetics and orthotics received a total of $8 million. In constant FY 1978 dollars, it would take about $11 million in FY 1983 to support training at the same level as FY 1978 for these 6 disciplines. It would take about $42 million in FY 1983 using constant FY 1978 dollars to keep the whole program at the FY 1978 level.

There are also no other Federal programs available to support training in rehabilitation specialties for these disciplines I have mentioned. There is no physician training support in the field of rehabilitation medicine under the Health Professions Education program. The recent Senate Labor & Human Resources Committee report on health manpower programs indicated a major need for the training of specialists in physical medicine and rehabilitation and recommended that funds be expanded for that field, but under the Rehabilitation Act programs (Senate Report No. 97-124). Allied health training support has been completely eliminated from the HHS budget.

BEST COPY AVAILABLE

D. However, the need for trained professionals is still there and at levels no less than in FY 1978. This is no blind assertion but is documented by RSA's own study done in 1980 on manpower needs in response to a Congressional directive in the Rehabilitation Act. That manpower study found that these disciplines I have mentioned (and counseling) had shortages. Recently data from the study of the Graduate Medical Education National Advisory Committee has fully corroborated the RSA study in the field of physical medicine and rehabilitation showing a dramatic shortage of physicians in the field. Studies generally show that the current supply of physicians specializing in rehabilitation must almost be doubled by 1990. The number of physicians have not increased since the evidence of shortages arose. The number of occupational therapists practicing in adult rehabilitation programs has actually decreased by almost 20% since 1977. In addition, the number of graduates in occupational therapy programs has stayed even since 1977.

In the 1978 Rehabilitation Act Amendments, the Congress appropriately mandated that RSA develop a rehabilitation professional manpower plan in which needs in the various professional disciplines would be assessed and prioritized. That study established there is a need for additional physical therapists beyond the number of annual graduates. The APTA itself suggests a need for about 60,000 physical therapists which is at least 50% above the current supply. The Report indicates that there will be a rapid increase in demand for occupational therapists through 1985 and this is corroborated by the Bureau of Labor Statistics (BLS). Also, vacancy rates in hospitals are among the highest for occupational therapists in Public Health Service surveys during the 1970s. The Report also establishes a shortage of speech pathologists of about 20,000, or 50% of the current supply. In prosthetics and orthotics, the shortage problem is severe and comparable to that in medicine. Data indicate a need for 3200 to 3600 and a supply of about 2000. That Report showed that up to 4400 physicians specializing in rehabilitation medicine were needed in 1980 and only 1600 were now practicing in that field in 1980.

Rehabilitation services are also becoming more specialized and technology is improving rapidly. Each of these factors requires improved and expanded training of specialists. Universities are generally unable to expend funds for improved programs in these areas without Federal assistance. Examples of such improved and specialized care are rehabilitation programs for the spinal cord injured, and those with brain or burn trauma.

BEST COPY AVAILABLE

Senator **WEICKER**. Last year was one of the problems we confronted, and it manifested itself, as you pointed out in your testimony, but last year in the market, Labor, HHS portion of appropriations, the administration's position was in fact that there is a great surplus of teachers out there.

So we were told not to worry about the shortage of special ed teachers, because those teachers could just handle special ed. It is a total—that is a problem we are dealing with here—lack of recognition of the special teachers that are involved in the additional training that is involved.

One is not the same as the other, by a long shot. I am sure a regular teacher would be the first to come up with that same conclusion.

Mr. **VERVILLE**. That is very clear in the health care field, and I am absolutely convinced of it, not just for rehab, but generally. There is an overstatement of a problem, that is that we have too many X and too many Y.

Well, we may have too many X, and too many Y, in general, but the issue is a hell of a lot more sophisticated than that. It is what you need specifically.

Senator **WEICKER**. You could probably, in the matter of positions, you could probably—let us go to another area. I would dare say in that same study, since there are too many physicians, I will bet you there is a great shortage of them in rural, poor areas, so it is taking them out of the field of our interest. I will bet there is no great surplus of physicians in rural, poor communities.

The problem, as you well know—and were it not for the Federal Government getting into this act, through subsidy and payment, to get the graduate to go back to his or her community—would be even worse than it is.

Mr. **VERVILLE**. Absolutely.

Senator **WEICKER**. You are absolutely right. This generalization sounds great, thrown out there to the public as a whole. It does require a little bit of sophistication. As you demonstrated before the committee, to bring forth the full stated facts.

Mr. **VERVILLE**. We have got, and I will supply them for the record later, but some suggested amendments that might try to have the Federal role played more specifically; so that, for example, when a budget comes forward in January, the administration would have to identify specifically what their shortage findings were for particular disciplines in which they are investing money. Because I think that is really critical.

There is real leadership needed by the Federal Government in terms of what manpower needs are for rehabilitation. Because the States cannot be responsible for training people, due to the mobility that people have once they get out of the training programs.

Senator **WEICKER**. Thank you very much. We might have further questions, but let me move now to the testimony of Mr. Reagles.

Mr. **REAGLES**. Yes, I represent the National Council on Rehabilitation Education, which represents the interests of not only preprofessional but continuing rehabilitation education programs—programs which serve as a vital link in the tripartite of research, training, and services.

We are very well aware of the value of training rehabilitation professionals, especially if the administration's suggestion that there be increased focus on the severely disabled was made part of the 1978 amendments.

The severely disabled, in our opinion, are individuals whose needs for rehabilitation are the most severe, not necessarily individuals in any particular disability classification. It is very clear from research evidence that trained rehabilitation personnel are more effective with the severely disabled, given the complexity of their needs, than are individuals with little training and little experience.

While the capacity of the State-Federal program and other alternative rehabilitation ventures, the private for-profit rehabilitation sector especially, is estimated at approximately 250,000 individuals annually, yet more than 600,000 individuals annually become disabled or limited in substantial ways that make them unemployable.

Because of the insufficient funds for rehabilitation services and inadequate numbers of trained rehabilitation personnel, literally billions of dollars annually are required in subsistence payments to the unrehabilitated. Increasing the supply of trained rehabilitation personnel, coupled with increased moneys for services, would help alleviate this enormous drain of tax dollars.

While the State directors of vocational rehabilitation, the clients of rehabilitation agencies, and rehabilitationists themselves advocate the master's degree as the entry level for rehabilitation practice, fewer than half the rehabilitation counselors, for example, employed by State agencies, have a master's degree.

I have already indicated that the quality of rehabilitation services is assured by having persons with more substantial degrees of training. I can tell you from my own personal experience at Syracuse University, that as the funds for vocational rehabilitation training have been reduced, the number of individuals entering our program has also been reduced.

A graduate student at Syracuse University spends approximately $10,000 in tuition costs alone to complete a master's degree in rehabilitation counseling, communication disorders, special education, and other rehabilitation disciplines.

In order to attract qualified persons into fields that serve the disabled, the federally sponsored financial incentive for tuition assistance and educational service fees is necessary. Otherwise students are opting for programs in other behavioral sciences, not necessarily serving the disabled; other areas of science in which the salaries are more substantial and educational benefits are more lucrative.

The administration has advocated the fiscal year 1984 budget for rehabilitation training be frozen at the 1983 level of $19.2 million. This is the third consecutive year that funds for training have been frozen, representing a real loss of nearly 20 percent from the fiscal year 1981 appropriation of $21.68 million. The impact has been estimated by the Department of Education as a 6-percent reduction from fiscal year 1983 in the number of rehabilitation personnel who could be trained in fiscal year 1984.

As rehabilitation case service moneys available to the States are reduced, rehabilitation counselers in some States have, in fact, been laid off. Those who are retained are working with larger caseloads, and being asked to perform tasks that they perhaps have not been prepared for at the graduate levels. Therefore, the need for continuing education services is also recommended by NCRE. I would make you aware of one situation, however, that is of concern to NCRE; that is on some States, because it is cheaper to hire individuals trained at the baccalaureate level than at the graduate level, States hire rehabilitation personnel trained only at the baccalaureate level, and then use continuing education moneys to train them; this is in lieu of the formal graduate training, which is agreed upon as the minimum entry level for the practice, of rehabilitation counseling.

Finally, our recommendation is that the following authorization levels, to confront the shortage of rehabilitation personnel and maintain quality services, be $25.5 million in fiscal year 1984, $30.5 million in fiscal year 1985, and $35.5 million in fiscal year 1986.

We also recommend reauthorization of the Rehabilitation Act to insure that the rights of the handicapped are assured by law.

Thank you.

[The prepared statement of Mr. Reagles follows:]

STATEMENT OF THE NATIONAL COUNCIL ON REHABILITATION EDUCATION

FOR

THE SENATE SUBCOMMITTEE ON THE HANDICAPPED

Mr. Chairman and Members of the Subcommittee: My name is Dr. Kenneth Reagles, Professor of Rehabilitation Education at Syracuse University in New York State and President-Elect of the National Council on Rehabilitation Education. The National Council represents educators and trainers of rehabilitation professionals who assist a portion of the estimated 21 million Americans with disabilities who require their opportunities to be equalized so that they may compete with the non-disabled, to find employment or to live as independent lives as possible. While the recent economic recession has had a devastating effect on all Americans, its effect on the disabled and handicapped has been even greater. More of them are unemployed and on some form of public assistance than the nondisabled. Their needs for rehabilitation services delivered by competent professionals has never been more substantial. It is for this reason that I am especially pleased to have the opportunity to testify before the Committee and to submit our statement for the record in support of enhanced levels of funding for rehabilitation education, training, and research, and for the reauthorization of the Rehabilitation Act.

Nature of Rehabilitation Research, Training, and Service

Since 1920 a state-federal partnership known as the Vocational Rehabilitation Program has existed to assist individuals with disabilities to reduce their vocational handicaps, to find employment, and generally improve the quality of their lives. The hallmark of this program has been the individual approach by rehabilitationists to meeting the unique needs of each disabled person. It is a program with both humanitarian and economic justification. As a nation we have committed ourselves to assisting the disabled and in doing so we have turned tax consumers into taxpayers — the program has returned approximately 10 dollars for every dollar Congress has wisely invested. In few programs has the complementary relationship among research (to develop innovative techniques and methods, such as the use of computers and micro-circuitry to assist persons with spinal cord injuries perform tasks not considered possible only a few years ago), education and training (to utilize the results of research), and service been so successfully implemented.

Rehabilitation Training was authorized by Congress in 1954 and since then federal funds have augmented state and local resources to support pre-service professional education of individuals in a variety of rehabilitation disciplines, including rehabilitation counseling, job placement specialists, rehabilitation facility administrators, physical and occupational therapists, audiologists and speech therapists, mobility and orientation specialists for the blind, physicians specializing in physical medicine and rehabilitation, nurses, social workers, and others. In addition to supporting pre-professional education, Rehabilitation Training funds are also used for continuing education and in-service training of practicing rehabilitationists to keep them abreast of innovative technological developments. The result has been an impressive network of educational programs based in U.S. colleges and universities, continuing education programs, and in-service training resources of state rehabilitation agencies, with which the cadre of rehabilitationists needed to implement the comprehensive program of services for this nation's handicapped are developed.

Impact of Proposed Funding

On behalf of disabled individuals and professional rehabilitationists, I wish to share with you my concern for the future of rehabilitation training and the supply of trained personnel. While the research evidence is clear that trained rehabilitationists are essential for an effective, efficient service delivery system, the funding patterns of the past six years, in which funds for rehabilitation training have been reduced from $30.4 million in FY 78 to $19.2 million in FY 83, threaten the viability of rehabilitation programming and the quality of services to the disabled. The following are documented areas of impact:

1. While the capacity of the state-federal vocational rehabilitation program and alternative rehabilitation ventures is estimated at approximately 250,000 persons annually, more than 600,000 individuals annually (Trietel,

1979) become disabled or limited in substantial ways that make them unemployable. Because of insufficient funds for rehabilitation services and inadequate numbers of trained rehabilitation personnel, billions of dollars annually are required in subsistence payments to the unrehabilitated. Increasing the supply of trained rehabilitation personnel would help alleviate this enormous drain of tax dollars.

2. While the directors of state rehabilitation agencies, the clients of vocational rehabilitation services, and rehabilitationists themselves advocate the master's degree as the entry-level for rehabilitation practice, fewer than half the rehabilitation counselors employed by state agencies have a master's degree. Since rehabilitation counselors with graduate degrees have shown in research studies (Eber; Wright & Butler, etc.) that they are more capable of working with the severely disabled, those persons with severe disabilities especially suffer from the present personnel shortages in rehabilitation. Thus, as the supply of trained rehabilitation personnel is reduced by fewer graduates, attritions to other more lucrative fields and other factors,the quality of services is diminished.

3. The Administration has advocated that the FY 1984 budget for Rehabilitation Training be frozen at the FY 1983 level of $19.2 million. This is the third consecutive year that funds for training have been frozen, representing a real loss of nearly 20% from the FY 1981 appropriation of $21.68 million. The impact has been estimated by the Department of Education as a 6% reduction in the numbers of rehabilitation personnel who could be trained in FY 1984 than in FY 1983.

4. I can tell you from personal experience and that of my colleagues whose careers have been the training of rehabilitation personnel, that as the funds are reduced by appropriation levels and inflation to assist students with their rehabilitation educational costs, students who would be encouraged to pursue careers in rehabilitation fields opt for careers in fields which are more attractive because of better salaries, educational benefits, and other factors. Thus, we encourage you to consider higher levels of funding for Rehabilitation Training.

5. With cutbacks in rehabilitation funding and staff, employed rehabilipersonnel have been asked to assume responsibilities for which they have not

been prepared. For this reason continuing education and in-service training is required to give rehabilitationists the competence needed to guarantee the quality of service.

N.C.R.E. Recommendations

N.C.R.E. recommends the following authorization levels to confront the shortage of rehabilitation personnel and maintain quality services: $25.5 million in FY 1984, $30.5 million in FY 1985, and $35.5 million in FY 1986. Finally, we recommend reauthorization of the Rehabilitation Act to ensure that the rights of the handicapped are assured by law.

Justification and Summary

Mr. Chairman, of all the programs authorized under the Rehabilitation Act, training has taken the greatest percentage loss in federal funding since FY 1979, despite the documented shortage of trained rehabilitation personnel.

Rehabilitation is not a welfare program. Disabled Americans who have been served by this program have returned far more in taxable earnings than the program has cost. It is poor economic reasoning and unhealthy humanitarian concern to reduce the level of funding for Rehabilitation Training, which is so vital to the delivery of quality services. NCRE is hopeful that the Committee will support our efforts to train rehabilitation personnel to meet the needs of the nation's handicapped.

Senator WEICKER. Thank you very much, Mr. Reagles.

Gentlemen, thank you very much. We have a long witness list, and I appreciate your testimony. It is well given in response to the questions.

Thank you.

The next two witnesses that we have, Harry Hall, the Washington representative of the National Multiple Sclerosis Society; and Martin Adler, executive director of the Helen Keller National Center for Deaf-Blind Youths and Adults.

Mr. Hall, It is a pleasure to have you here, and why do you not proceed with your testimony?

STATEMENTS OF HARRY L. HALL, WASHINGTON REPRESENTATIVE, NATIONAL MULTIPLE SCLEROSIS SOCIETY AND MARTIN ADLER, EXECUTIVE DIRECTOR, HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS, SANDS POINT, N.Y.

Mr. HALL. I am honored to appear before the subcommittee to discuss certain aspects of the Rehabilitation Act of 1973 as amended. My name is Harry L. Hall. For 6 years I have been serving as the Washington representative of the National Multiple Sclerosis Society. Prior to that, I served as the assistant to the commissioner, the Rehabilitation Services Administration. Through the years I have had an opportunity to understand what is possible and reflect on the strategic ways to achieve it with respect to the vocational rehabilitation of severely disabled persons.

I come before you this morning, as an individual, for the purpose of briefly commenting on sections 312 and 316, and then concentrating on section 311 of the Rehabilitation Act.

Senator WEICKER. Before you start your testimony, I want to point out that all the statements are being included in their entirety in the record, and I would hope that each of the witnesses would summarize their statements.

Mr. HALL. Section 312, a program to provide rehabilitation services to migratory workers, expects to expend $750,000 in fiscal year 1983. Details and achievements of this program are best described in the 1981 report of the Sixth Annual National Conference of the VR Project for Handicapped Migrant and Seasonal Farmworkers. It is estimated that 342,000 migrant and seasonal farmworkers are eligible for VR services. This program attempts to complement the basic State program which has great difficulty serving this very mobile and unique population.

Section 316 is a program to stimulate the development of special recreational services and was funded at the level of $1,884,000 in fiscal year 1982. Last year there were 213 grant applications of which 23 were awarded. Essentially, this program has the potential of strategically integrating therapeutic recreation for disabled persons into broader recreation programs primarily supported by the private sector and local governments. Many of these severely disabled persons participated in recreation programs for the first time in years; the programs seem to be meeting health needs, socialization needs and rehabilitation needs.

Now, I want to review the purpose of section 311, the special projects for the severely disabled, and comment on what part this program should play in the overall vocational rehabilitation program. This section of the act was initially oriented toward special projects developed under a separate grant program focusing on older blind, underachieving deaf, and spinal cord injured persons. Subsequently the legislation was expanded to provide a focus on other types of severely disabling conditions.

In my written testimony, I have attached a chart which gives the details of the program expenditures on an annual basis, and shows the distribution of projects according to various disabling conditions. I should mention that the spinal cord injury projects have been managed by the Rehabilitation Services Administration totally separate from the other projects. It is anticipated that the program in fiscal year 1983 will spend $4,600,000 for the model spinal cord injury projects and $5,217,000 for the special projects for the severely disabled.

For decades the vocational rehabilitation program administered primary through State vocational rehabilitation agencies has been a successful and cost-effective program. One does not have to view the program with disrespect to also add that the area which has most needed improvement is the area of knowing what to do and having personnel competent to do it with respect to severely disabling diseases and conditions. They have needed models and demonstrations and evaluation and in many cases additional insight into the unique aspects of many of the severe disabilities. Limited resources to meet the service demands have prevented State agency initiatives in this area. I believe a nationally coordinated program is the most rational and efficient method of meeting this need.

Advocates for the consumers and service providers in the State agencies recognize this need. The fact that the Rehabilitation Services Administration has identified some of these conditions as underserved populations illustrates the broadly held view that this is a problem requiring special attention.

The Rehabilitation Services Administration, as authorized currently by the Rehabilitation Act, has precious few tools to exercise strong national leadership. This program is potentially one of its best tools. Some of the results of the special projects have been of clear value and there is yet a very substantial amount of systems improvements which could and should be made. I have the impression that State agencies will accept and implement demonstrated improvements.

There has been no detailed and objective evaluation of this program by RSA. While I have very strong respect for the RSA staff members who manage this program on a day-to-day basis, I know that the resources available to monitor progress in the projects is limited. It is my understanding that serious consideration is being given by RSA to an expanded staff monitoring role, and also to the awarding of a specific evaluation contract in the next year. The selection of priority areas is largely a function of RSA staff work resulting in a grant announcement published in the Federal Register. The selection of specific grantees is managed through a peer review process.

Beginning in 1978 the first of four demonstration projects concentrating on multiple sclerosis was initiated. There is now a fifth project in its first year which is focused jointly on cerebral palsy and multiple sclerosis. The first project at the Albert Einstein College of Medicine Multiple Sclerosis Clinic in the Bronx demonstrated that a coordinated and comprehensive medical care and service program can produce individuals severely disabled with multiple sclerosis who are motivated and capable of job training, leading to the return to employment. Frankly, it did not demonstrate the capability of the State VR agency to take people from that point and ultimately obtain placement.

The second project at the multiple sclerosis clinic associated with the University of Washington in Seattle undertook the task of developing and testing a prognostic indicator for vocational rehabilitation counselors, which was called vocational assessment in multiple sclerosis.

A third project conducted by the Minnesota North Star Chapter of the National Multiple Sclerosis Society in conjunction with the State rehabilitation agency further tested the prognostic indicators guide, demonstrated the effective use of MS support groups, and through its Outreach program clearly proved that there are many persons with multiple sclerosis, especially in outlying and sparsely populated areas, who are desirous of receiving services and returning to employment, but were initially unaware of the State VR program.

A current project being conducted by the National Chapter of the National Multiple Sclerosis Society, in conjunction with the State agencies in Maryland, Virginia, and the District of Columbia, constitutes the most successful effort anywhere in the world in the placement of persons with multiple sclerosis. This project has developed its own job bank, its own transitional employment training program, and currently is providing a substantial amount of the services they originally anticipated would be provided by the State agencies. Is has proven beyond question that many individuals severely disabled with multiple sclerosis can return to work. Follow-up to this project will necessarily involve the demonstration of more effective and efficient means to coordinate those aspects which State agencies can do with those aspects which are probably best done by the private sector.

It is crucial, both for individuals and because of the Federal budget implications, that demonstration projects pave the way for the State agencies to build into their system more efficient and successful programs for serving severely disabled individuals from currently underserved populations. In my view, section 311 should be reauthorized.

Thank you for inviting me to testify.

[The prepared statement of Mr. Hall follows:]

Testimony by Harry L. Hall Before The
Subcommittee on the Handicapped, Senate Labor & Human Resources Committee

Mister Chairman and Members of the Subcommittee:

I am honored to appear before this Subcommittee to discuss certain aspects of the Rehabilitation Act of 1973 as amended. My name is Harry L. Hall. For six years I have been serving as the Washington Representative of the National Multiple Sclerosis Society. Prior to that, I served as Assistant to the Commissioner, The Rehabilitation Services Administration. Through the years I have had an opportunity to understand what is possible and reflect on the strategic ways to achieve it with respect to the vocational rehabilitation of severely disabled persons.

I come before you this morning, as an individual, for the purpose of briefly commenting on Sections 312 and 316 and then concentrating on Section 311 of the Rehabilitation Act.

Section 312, a program to provide rehabilitation services to migratory workers, expects to expend $750,000 in FY1983. Details and achievements of this program are best described in the 1981 report of the Sixth Annual National Conference of the VR Project for Handicapped Migrant and Seasonal Farmworkers. It is estimated that 342,000 migrant and seasonal farmworkers are eligible for VR services. This program attempts to complement the basic state program which has great difficulty serving this very mobile and unique population.

Section 316, a program to stimulate the development of special recreational services was funded at the level of $1,884,000 in FY1982. Through reprograming the Administration does not plan to expend any funds in FY1983. Last year there were 213 grant applications of which 23 were awarded. Essentially, this program has the potential of strategically integrating therapeutic recreation for disabled persons into broader recreation programs primarily supported by the private sector and local governments. While the recreation may often have the impact of increasing one's preparation for employment, the purpose is broader and consistant with the expanded purpose of the Rehabilitation Act enacted in 1978. Recreation projects funded under Section 311 and 316 with FY1981 monies served approximately 47,000 persons. Many of these severely disabled persons participated in recreation programs for the first time in years; the programs seem to be meeting health, socialization and rehabilitation needs.

Now, I want to review the purpose of Section 311, the Special Projects for the severely disabled, and comment on what part this program should play in the overall vocational rehabilitation program. This section of the Act was initially oriented toward special projects developed under a separate grant program focusing on older blind, underachieving deaf and spinal cord injured persons. Subsequently the legislation was expanded to provide a focus on other types of severely disabling conditions. In my written testimony, which I request be included in the record, I have attached a chart which gives the details of the program expenditures on an annual basis and shows the distribution of projects according to various severely disabling conditions. I should mention that the model spinal cord injury projects have been managed by the Rehabilitation Services Administration totally separate from the other projects. It is anticipated that the program in fiscal year 1983 will spend $4,600,000 for the model spinal cord injury projects and $5,217,480 for the special projects for the severely disabled.

For decades the vocational rehabilitation program administered primarily through State Vocational Rehabilitation Agencies has been a successful and cost effective program. One does not have to view the program with disrespect to also add that the area which has most needed improvement is the area of knowing what to do and having personnel competent to do it with respect to severely disabling diseases and conditions. They have needed models and demonstrations and evaluation and in many cases additional insight into the unique aspects of most of the severe disabilities. Limited resources to meet service demands have prevented state agency initiatives in this area. A nationally coordinated program is the most rational and efficient method of meeting this need.

Advocates for the consumers and service providers in the state agencies recognize the need to improve the capability of the state VR systems with respect to specific severely disabling conditions. The fact that the Rehabilitation Services Administration has identified some of these conditions as "underserved populations" illustrates the broadly held view that this is a problem requiring special attention.

The Rehabilitation Services Administration, as authorized by the Rehabilitation Act, has precious few tools to exercise strong national leadership. This program is potentially one of its best tools. Some of the results of the special projects have been of clear value and there is yet a very substantial amount of systems improvement which could and should be made. I have the impression that state agencies will accept and implement demonstrated improvements in their service programs.

There has been no detailed and objective evaluation of this program by RSA. While I have very strong respect for the RSA staff members who manage this program on a day to day basis, I know that the resources available to monitor progress in the projects is limited. It is my understanding that serious consideration is being given by RSA to an expanded staff monitoring role, and also to the awarding of a specific evaluation contract in the next year. The selection of priority areas is largely a function of RSA staff work resulting in a grant announcement published in the Federal Register. The selection of specific grantees is managed through a peer review process.

Beginning in 1978 the first of four demonstration projects concentrating on multiple sclerosis was initiated. There is now a fifth project in its first year which is focused jointly on cerebral palsy and multiple sclerosis. The first project at the Albert Einstein College of Medicine Multiple Sclerosis Clinic in the Bronx demonstrated that a coordinated and comprehensive medical care and service program can produce individuals severely disabled with multiple sclerosis who are motivated and capable of job training leading to the return to employment. Frankly, it did not demonstrate the capability of the state VR agency to take people from that point and ultimately obtain placement.

The second project at the Multiple Sclerosis Clinic associated with the University of Washington in Seattle undertook the task of developing and testing a prognostic indicator for vocational rehabilitation counselors, which was called "Vocational Assessment in Multiple Sclerosis". A third project conducted by the Minnesota North Star Chapter of the National Multiple Sclerosis Society in conjunction with the state rehabilitation agency further tested the prognostic indicators guide, demonstrated the effective use of MS support groups, and through its Outreach Program clearly proved that there are many persons with multiple sclerosis, especially in outlying and sparcely populated areas, who are desirous of receiving services and returning to employment but were initially unaware of the state VR program.

A current project being conducted by the National Capital Chapter of the National Multiple Sclerosis Society, in conjunction with the state agencies in Maryland, Virginia and the District of Columbia, constitutes the most successful effort anywhere in the world in the placement of persons with multiple sclerosis. This project has developed its own job bank, its own transitional employment training program, and currently is providing a substantial amount of the services they

ORIGINALLY ANTICIPATED WOULD BE PROVIDED BY THE STATE AGENCIES. IT HAS PROVEN BEYOND QUESTION THAT MANY INDIVIDUALS SEVERELY DISABLED WITH MULTIPLE SCLEROSIS CAN RETURN TO WORK. FOLLOWUP TO THIS PROJECT WILL NECESSARILY INVOLVE THE DEMONSTRATION OF MORE EFFECTIVE AND EFFICIENT MEANS TO COORDINATE THOSE ASPECTS WHICH STATE AGENCIES CAN DO WITH THOSE ASPECTS WHICH ARE PROBABLY BEST DONE BY THE PRIVATE SECTOR.

IT IS CRUCIAL, BOTH FOR INDIVIDUALS AND BECAUSE OF THE FEDERAL BUDGET IMPLICATIONS, THAT DEMONSTRATION PROJECTS PAVE THE WAY FOR THE STATE AGENCIES TO BUILD INTO THEIR SYSTEM MORE EFFICIENT AND SUCCESSFUL PROGRAMS FOR SERVING SEVERELY DISABLED INDIVIDUALS FROM CURRENTLY UNDERSERVED POPULATIONS. IN MY VIEW, SECTION 311 SHOULD BE REAUTHORIZED.

THANK YOU FOR INVITING ME TO TESTIFY.

SUBMITTED BY:

HARRY L. HALL
NATIONAL MULTIPLE SCLEROSIS SOCIETY
1120 20TH STREET, N.W., SUITE S520
WASHINGTON, D.C. 20036
202-887-0945

March 21, 1983
Attachment to testimony
submitted by Harry L. Hall
to Subcommittee on the Handicapped

CHART PROVIDED BY RSA

Summary of Special Projects for Severely Disabled Program
(Excluding Spinal Cord Injury System Projects)
FY 1974-1981

	FY 1974 New		FY 1975 New		FY 1975 Cont		FY 1976 New		FY 1976 Cont		FY 1977 New		FY 1977 Cont		FY 1978 New		FY 1978 Cont		FY 1979 New		FY 1979 Cont		FY 1980 New		FY 1980 Cont		FY 1981 New		FY 1981 Cont	
	No.		No.		No.		No.		No.		No.		No.		No.		No.		No.		No.		No.		No.		No.		No.	
Blindness	4	$155,000	2	$131,953	4	$307,961	2	$176,191	6	$471,111	2	$228,515	4	$260,089	2	$161,000	6	$471,000	2	$111,051	6	$491,000	1	[illegible]	5	$358,352	1	---	3	$255,29[illegible]
Deafness	2	[illegible]	2	212,500	2	308,500	2	241,808	3	451,690	3	259,192	3	576,156	2	156,000	3	210,000	1	100,600	5	408,000	1	[illegible]	1	219,808		---	2	202,46[illegible]
Mental Illness				---		---		---		---	3	216,388		---	2	255,000	1	301,000	4	415,437	5	338,000	1	[illegible]	6	665,116	2	200,000	3	329,455
Epilepsy				---		---		---		---		---		---	2	180,000		---		---	2	196,000	1	[illegible]	2	213,509		---	1	162,000
Cerebral Palsy				---		---		---		---		---		---	2	239,000		---		---	2	248,000	1	91,373	2	256,000	1	101,000 1/	1	106,380
Multiple Sclerosis		---		---		---		---		---		---		---	2	211,000		---	1	108,180	2	184,000	1	[illegible]	3	361,836		---	2	222,390
Mental Retardation		---		---		---		---		---		---		---		---		---	1	108,739		---	1	[illegible]	1	116,994	2	190,000	2	263,007
Arthritis		---		---		---		---		---		---		---		---		---		---		---	1	157,826		---	1	125,000	1	189,366
General		---		---		---		---		---		---		---		---		---		---		---	13	1,549,182		---		---	13	1,590,366
Hispanic Access		---		---		---		---		---		---		---		---		---		---		---	4	252,630		---		---	4	252,561
Learning Disability		---		---		---		---		---		---		---		---		---		---		---				---	1	95,000		---
Deaf/Blind		---		---		---		---		---		---		---		---		---		---		---				---	1	99,906		---
TOTAL No. of Projects/Dollars	6	$730,000	4	$505,553	6	$616,447	4	$415,099	9	$922,801	8	$764,155	9	$836,845	12	$1,264,000	9	$1,002,000	9	$844,007	22	$2,051,[illegible]	25	$[illegible]	27	$2,191,335	8	$810,906	34	$3,709,6[illegible]

1/ CP & MS

ADDITIONAL INFORMATION (assembled by HLH)

- o New Special Projects in FY1982: one new project in telecommunications.
- o For FY1983 eight special projects for severely disabled are scheduled for continuation funding at a cost of about $875,000; a grant announcement for FY83 New Projects has not yet been published in the Federal Register.
- o Prior to FY1976 Spinal Cord Injury Projects were supported under the RSA Research and Development Program.
- o The number of "regional" Spinal Cord Injury Program and grant obligations for subsequent years are: FY76 - 5 - $1,000,000; FY77 - 10 - $2,500,000; FY78 - 14 - $4,500,000; FY79 - 14 - $4,500,000; FY80 - 14 - $4,487,500; FY81 - 17 - $5,244,271; FY82 - 17 - $4,831,545* includes two supplemental awards for time extensions to phase out older projects.

BEST COPY AVAILABLE

Senator WEICKER. Thank you very much, Mr. Hall.

Mr. Adler?

Mr. ADLER. Thank you very much for inviting me to testify in relation to the deaf-blind, Mr. Chairman.

The Helen Keller National Center, or the [HKNC], as we know it, is recognized as a national resource in section 313 of the Rehabilitation Act of 1973 as amended, and provides intensive specialized services that are unequaled in the Nation for persons with one of the most severe of disabilities—deaf—blindness.

Following enabling amendments to the Vocational Rehabilitation Act in 1967, the National Center for Deaf-Blind Youths and Adults was initiated in 1969 in cooperation with HEW, and The Industrial Home for the Blind. The center was constructed with Federal funds (approximately $7.5 million) and we currently receive $3.137 million, 87 percent of our income, directly from the Department of Education. Through our nine service regions geographically dispersed throughout the country, we provide testing and rehabilitation of hundreds of deaf-blind young people and adults.

During the most recent 1 year period, 777 clients received services (140 were served by headquarters' staff, and 761 were served by nine regional representatives, including 124 who were served by both headquarters' personnel and regional representatives).

Eighty-three clients—38 women and 45 men from 27 States—were enrolled at the HKNC headquarters for rehabilitation evaluation and/or training during this time period. Forty-eight left during this period, including two placed in competitive employment; eight placed in sheltered workshops; one in a work activity center; eight at home, we are not quite sure what they will be doing; three in training in other facilities; one as a homemaker; three students; 12 at home awaiting job placement, if we can find an area that will accept them for employment; three receiving on-the-job training; two placed in custodial institutions; one reclassified as not deaf; one received a paid work internship at HKNC headquarters as an instructor's aide.

Because of the profound severity of deaf-blindness, services must be concentrated and individually tailored in order to be effective. This complex service delivery system is effective at the center because of its special construction features and excellent, well motivated staff. Without the unique and expert professional support at the center, training and rehabilitation provided by the State facilities or other organizations would be slow and time consuming, as well as more expensive.

To achieve our objectives, we have developed six separate elements of service within HKNC.

Item 1. Rehabilitation Services—all individuals accepted for evaluation and rehabilitation at HKNC are deaf-blind and frequently multi-handicapped. The overall purpose is to provide those individuals who generally have been isolated and ignored for many years with training in communication, education, daily living skills, mobility, industrial arts, prevocational activities, home and personal management, personal hygiene, speech therapy, audiological services, and complete counseling opportunities.

Because our individuals are deaf-blind, without sight and sound, and frequently without speech, we have no other alternative but to provide services almost on a one-to-one basis. The intensity of the intellectual and emotional effort required from staff to work with our deaf-blind trainees is demanding. Depending upon clients' abilities, our goals range from teaching deaf-blind individuals simple methods of caring for themselves out of institutions, or returning to live with their families. Other trainees may become so skilled that they may be able to be accepted into competitive employment. One of the 10 1980 outstanding handicapped Federal employees was an HKNC graduate, and working as a laborer for the Department of the Navy in Philadelphia.

Item 2. Residence Services—to provide the housing and other support services necessary for the deaf-blind trainees to reside at HKNC while receiving rehabilitation programs. In addition, the residence provides living quarters for workers who are receiving training in deaf-blind services, residence staff, and occasionally, parents of deaf-blind individuals who stay at the residence for a period of two or three days, observing the rehabilitative process.

Item 3. Research—the center is mandated to develop research in two areas: (1) aids and devices for the deaf-blind; and (2) techniques of rehabilitation for the deaf-blind. Most deaf-blind individuals have no way of communicating with others unless they are in physical hand-to-hand contact. They cannot use the telephone or even the standard TTY. They may not have any idea when someone is at their door, when a fire alarm goes off, their telephone is ringing, or someone is attempting to break into their living quarters.

We have developed and produced radio units called the Tactile Communicator, that provides radio signals for deaf-blind individuals within their homes. These signals are programmed for doorbells, fire alarms, telephones and other essential lifesaving services. Our Tactile Communicator was the first instrument approved by the FCC under the newly established handicapped band.

Item 4. Community Education—the basic focus of our Community Education Department is to publicize rehabilitation and employment opportunities for deaf-blind individuals. This task is also accomplished through our nine regional offices covering the United States. These nine regional representatives also provide direct services to deaf-blind youths and adults within their geographical areas.

Item 5. National Training Team—this team has been fully operational for about a year to a year and a half, and is backlogged in terms of dates that people are asking them for, to 1984. This team goes to various parts of the country, provide training opportunities to professionals to parents. They are in tremendous demand right now. It has also led to the establishment, for the first time, of the master's degree in deaf-blindness, that is now cosponsored by Western Maryland College.

Item 6. Our Affiliated Network System consists of 22 agencies within 18 States that have received startup funding for up to 5 year periods to initiate deaf-blind programs. They receive training, and other support systems, as well as being part of a coordinated national delivery system for the deaf-blind.

We have presented the service delivery system developed for and with the deaf-blind across the country, but who are the deaf-blind, what have they accomplished within this service delivery system.

Every 12-year-old child knows of Helen Keller and her accomplishments. Do you know that there are at least 40,000 to 50,000 deaf-blind in our country, some the result of the rubella epidemic that spread throughout our country during 1963–1965? Of this rubella group some 6,000 deaf-blind youths are now reaching maturity, and have a need for rehabilitation. We have helped numerous deaf-blind rubella victims of an older age to obtain employment, most in sheltered workshops, some in competitive employment. There is a large group of congenital deaf people who, in their twenties, lost their sight. This is the Usher's Syndrome population of the retinitis pigmentosa group. These individuals generally receive training in schools for the deaf, and are frequently unprepared vocationally and emotionally when they lose their sight in their twenties.

Hundreds of others who have become deaf-blind because of disease, genetic factors, and yes, even war veterans, whom we have had our center, received comprehensive training in order to go on with their lives. They come from every part of our country. They can and do become more productive members of our country.

Senator WEICKER. Let me say that all statements will be included in the record in their entirety.

Mr. ADLER. Thank you, sir.

[The prepared statements of Mr. Adler follows:]

STATEMENT

TO

SUBCOMMITTEE ON THE HANDICAPPED

OF THE

COMMITTEE ON LABOR AND HUMAN RESOURCES

UNITED STATES SENATE

RE

HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS

BY

MARTIN A. ADLER, MSW, ACSW
DIRECTOR
HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS
111 MIDDLE NECK ROAD
SANDS POINT, NEW YORK 11050

OPERATED BY
THE INDUSTRIAL HOME FOR THE BLIND

MARCH 21, 1983

Mr. Chairman and Honorable Members of the Subcommittee:

Thank you for inviting me to testify before the Subcommittee. My name is Martin A. Adler and I am the Director of the Helen Keller National Center for Deaf-Blind Youths and Adults (HKNC) located on Long Island in New York.

HKNC is recognized as a national resource in Section 313 of the Rehabilitation Act of 1973 as amended, and provides intensive specialized services that are unequaled in the nation for persons with the most severe of disabilities -- deaf-blindness.

Following enabling amendments to the Vocational Rehabilitation Act in 1967, the National Center for Deaf-Blind Youths and Adults was initiated in 1969 in cooperation with the Department of Health, Education and Welfare and The Industrial Home for the Blind. The Center was constructed with federal funds (approximately $7.5 million) and is supported by federal funds (approximately 87%). Directly and through its nine service regions geographically disbursed throughout the country, the Center has provided testing and rehabilitation to hundreds of deaf-blind young people and adults. During the most recent one year period, 777 clients received services. (140 were served by headquarters' staff and 761 were served by nine regional representatives, including 124 clients who were served by both headquarters' personnel and regional representatives.) 83 clients (38 women and 45 men from 27 states) were enrolled at the HKNC headquarters for rehabilitation evaluation and/or training during this time period. 48 left during this period, including 2 placed in competitive employment; 8 placed in sheltered workshops; 1 in a work activity center; 8 at home; 3 in training in other facilities; 1 as a homemaker; 3 students; 12 at home awaiting job placement; 3 receiving on-the-job training; 2 placed in custodial institutions; 1 reclassified as not deaf; 1 received a paid work internship at HKNC headquarters as an instructor's aide, and 3 others.

Because of the profound severity of deaf-blindness, services must be concentrated and individually tailored in order to be effective. This complex service delivery system is effective at the Center because of its special construction features and trained staff. Without the unique and expert professional support at the Center, training and rehabilitation provided by the state facilities or other organizations would be slow and time-consuming as well as more expensive.

To achieve our objectives, we have developed six separate elements of service within HKNC.

I. REHABILITATION SERVICES -- All individuals accepted for evaluation and rehabilitation at HKNC are deaf-blind and frequently multi-handicapped. The overall purpose is to provide those individuals who generally have been isolated and ignored for many years with training in communication, education, daily living skills, mobility, industrial arts, prevocational activities, home and personal management, personal hygiene, speech therapy, audiological services, and complete counseling opportunities Because our individuals are deaf-blind, without sight and sound and frequently without speech, we have no other alternative but to provide services almost on a one-to-one basis. The intensity of the intellectual and emotional effort required from staff to work with our deaf-blind trainees is demanding. Depending upon clients' abilities, our goals range from teaching deaf-blind individuals simple methods of caring for themselves out of institutions, or returning to live with their families. Other trainees may become so skilled that they may be able to be accepted into competitive employment. One of the ten 1980 Outstanding Handicapped Federal Employee was an HKNC graduate.

II. RESIDENCE SERVICES -- To provide the housing and other support services necessary for the deaf-blind trainees to reside at HKNC while receiving the rehabiltation programs. In addition, the residence provides living quarters for workers who are receiving training in deaf-blind services, residence staff, and occasionally, parents of deaf-blind individuals who stay at the residence for a period of two or three days, observing the rehabilitative process.

III. RESEARCH -- The Center is mandated to develop research in two areas: (1) aids and devices for the deaf-blind; and (2) techniques of rehabilitation for the deaf-blind. Most deaf-blind individuals have no way of communicating with others unless they are in physical hand-to-hand contact. They cannot use the telephone or even the standard TTY. They may not have any idea when someone is at their door, when a fire alarm goes off, their telephone is ringing, or someone is attempting to break into their living quarters. We have developed and produced radio units called the Tactile Communicator that provides radio signals for deaf-blind individuals within their homes. These signals are programmed for doorbells, fire alarms, telephones and other essential lifesaving services. Our Tactile Communicator was the first instrument approved by the FCC under the newly established handicapped band.

IV. COMMUNITY EDUCATION -- The basic focus of our Community Education Department is to publicize rehabilitation and employment opportunities for deaf-blind individuals. This task is also accomplished through our nine regional offices covering the United States. These nine regional representatives also provide direct services to deaf-blind youths and adults within their geographical areas.

V. NATIONAL TRAINING TEAM -- This team has been fully operational, providing training to personnel in private and state agencies, as well as to parents of deaf-blind youths and adults. The demand for its skills and presence in agencies

BEST COPY AVAILABLE

across the country is outstanding. We have even received requests from abroad to pay for our team's presence. The activities of the National Training Team (NTT) have led to the establishment for the first time of a master's degree program in deaf-blindness that is now co-sponsored by western Maryland College and HKNC.

VI. AFFILIATED NETWORK SYSTEM -- This consists of 22 agencies within 18 states that have received start-up funding for up to 5 year periods to initate deaf-blind programs. These agencies during the last reporting period worked with 613 deaf-blind persons. They received training and other support systems as well as being part of a coordinated system that enables these agencies to share problems, solutions, and expertise. This concept, in addition to the NTT, the regional representatives across the country, and rehabilitation training at headquarters, establishes a national service delivery system for the deaf-blind.

We have presented the service delivery system developed for and with the deaf-blind across the country, but who are the deaf-blind, what have they accomplishe within this service delivery system? Every 12 year old child knows of Helen Keller and her accomplishments. Do you know that there are at least 40,000 to 50,000 deaf-blind in our country, some the result of the rubella epidemic that spread throughout our country during 1963-1965? There are some 6,000 deaf-blind youths who are now reaching maturity and have a need for rehabilitation. We have helped numerous deaf-blind rubella victims of an older age to obtain employment, most in sheltered workshops, some in competitive employment. There is a large group of congenital deaf people who, in their twenties, lose their sight. This is the Usher's Syndrome population of the retinitis pigmentosa group. These individuals generally receive training in schools for the deaf and are frequently unprepared vocationally and emotionally when they lose their sight in their twenties. Hundreds

BEST COPY AVAILABLE

of others who have become deaf-blind because of disease, genetic factors, and yes, even war veterans, whom we have had at our Center received comprehensive training in order to cope with their lives. They come from every part of our country, every color, race, and creed. They have families who struggle with them and families who have abandoned them. They have come from institutions whose staffs do not yet know how to communicate with them. What does the deaf-blind person experience as a result of his dual disability? What can the deaf-blind person accomplish? No matter how great the deaf-blind person's ability and motivation, independence for a well adjusted, highly skilled, well-motivated deaf-blind person is quite relative. The deaf-blind person will almost always require assistance from other people. Relationships must often be on a one-to-one basis, particularly in communication. They need the services of interpreters, guides, and even some of our most professional of deaf-blind individuals require other personnel to assist them in their day-to-day work. Despite these dual handicaps, many of the deaf-blind seek and utilize training with the highest degree of motivation possible, many obtain graduate degrees, and many more are employed in competitive industry ranging from laundry workers to teachers and directors of schools and agencies. In the past four years, 42 graduates of HKNC obtained employment in competitive industry alone. They are now taxpayers rather than tax consumers. They are now productive members of American society, feeling less isolated and alone, yet with their dual handicap they will always feel degrees of isolation and loneliness. Yet they go on!

Thank you.

Martin A. Adler

BEST COPY AVAILABLE

ADDITIONAL TESTIMONY
FOR CONSIDERATION BY

SUBCOMMITTEE ON THE HANDICAPPED
OF THE
COMMITTEE ON LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

RE

HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS

BY

MARTIN A. ADLER, MSW, ACSW
DIRECTOR
HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS
111 MIDDLE NECK ROAD
SANDS POINT, NEW YORK 11050

OPERATED BY
THE INDUSTRIAL HOME FOR THE BLIND

MARCH 28, 1983

BEST COPY AVAILABLE

Mr. Chairman and Honorable Members of the Subcommittee:

My name is Martin A. Adler and I am the Director of the Helen Keller National Center for Deaf-Blind Youths and Adults. We are submitting additional testimony in relation to your hearings on the Vocational Rehabilitation Act of 1973, as amended. Our additional testimony concerns deaf-blind persons and was obtained from deaf-blind consumers, parents of the deaf-blind, field workers, agency heads, national surveys and recommendations from our own staff within the Helen Keller National Center service delivery system. We are attaching a copy of the questionnaire we distributed to the above persons and agencies. The summation of the replies we received follows:

1. What do you see as the primary and immediate need for deaf-blind persons during 1984? What do you see as the primary needs for deaf-blind persons in 1985 through 1989? What do you see as the primary needs for deaf-blind persons in 1980 through 1994?

The most repeated statement by individuals replying to this question centered around the necessity of state governments' defining in a clear manner a commitment to provide total coordinated services on a state level for the deaf-blind. This involves the development of a written plan within each state as to what agency or commission would be designated as that system responsible for the development and provision of services for deaf-blind persons. Many respondents indicated that because of the severity of deaf-blindness, because of the isolation and communication problems, because of the need for special housing and transportation accommodations, and because of the special problems deaf-blind individuals encounter within the educational and rehabilitational system, no one facility or system can meet the needs of deaf-blind children, youths, adults, and senior citizens. It becomes necessary for a service delivery system to utilize numerous resources within a particular state in

BEST COPY AVAILABLE

order to meet the very basic needs of the deaf-blind. The state must develop a specific commitment as to who or what agency coordinates these resources and services. Many respondents write of a "cradle to grave" system, which would offer deaf-blind individuals a continuity of services from early childhood throughout life. Some respondents complained that instead of expansion of services, the Department of Education is planning a reduction in the number of centers responsible for deaf-blind children.

There are approximately 6,000 deaf-blind rubella children as the result of the '63-'65 rubella epidemic. Many of these children, as well as other deaf-blind youngsters, receive educational opportunities funded and coordinated by the Regional Centers for Deaf-Blind Children. Respondents within the educational systems for these deaf-blind children felt it should be a continuous twelve-month process, with the most minimal breaks for holidays, vacations, etc. In the habilitative process of the educational program too long a break promotes regression in learning, resumption of the dependency upon the family, and diffusion of the relationship between teacher and child. A major problem within the educational system is the overall lack of trained teachers and other professionals who can communicate and effectively relate to a severely handicapped child and the parents. The physical facilities should be barrier free and fully equipped to meet the varied needs of these children. The educational concept and curriculum should be habilitative, rehabilitative and prevocational. As early as possible, certainly when the child is 14 years of age, state and federal rehabilitative agencies should be working side-by-side with the educational system. A case manager should be responsible to coordinate and interpret both systems for the benefit of the child. This could be accomplished by inter-agency agreements, clear and coordinated state plans which are encouraged by national and/or federal guidelines. Many individuals within the deaf-blind educational system are extremely concerned regarding the proposed phase-out of regional centers for deaf-blind children. Many parents also noted the lack of respite care facilities and/or personnel. Most parents of these severely handicapped deaf-blind children need at least a brief physical and emotional rest from their children.

Many individuals expressed the hope in their comments to Helen Keller National Center that additional training and rehabilitation training centers similar to our facility would be developed on a regional basis. Most felt that state plans for the deaf-blind and proposed regional centers should include the Helen Keller National Center service delivery system as part of the state operational plan.

It may be interesting to point out that a number of individuals complained that state mental health systems were not available to the deaf-blind even though the comprehensive community mental health system mandates these systems to respond to the emotionally ill severely handicapped. We feel the problem centers around the lack of communication skills mental health systems have in working with the deaf-blind. The rehabilitation process cannot be successful when the individual is troubled and upset and cannot find someone to communicate the problem to. State and other public mental health centers should be encouraged to develop a model plan for the training of their staff to meet the needs of the deaf-blind.

Communication seemed to be the next most important problem respondents referred to. Many deaf-blind individuals have no verbal language skills and many utilize different forms of sign language and finger spelling to communicate. There is a definite lack of rehabilitation workers and teachers who know basic sign language.

Other respondents replying to Question 1, see a primary and immediate need for the training and recruitment of professionals who can effectively communicate and teach communication skills to the deaf-blind. Since many deaf-blind cannot yet communicate or because there are so few professionals who know how to communicate, the deaf-blind remain socially, educationally, and vocationally isolated and dependent. Employment opportunities should be further developed and expanded. This includes work at home, work activity centers, sheltered workshops, and all other levels of competitive employment. There are numerous examples of deaf-blind persons working, i.e. from nearly 400 in National Industries for the Blind workshops to employment in professional capacities.

However, in order to maintain a job, the deaf-blind person frequently needs specialized housing accommodations. This can be accomplished through existing facilities and the expansion of legislation related to Independent Living Centers. Other forms of housing accommodations are needed for the deaf-blind, especially those who are not employable in the competitive market or are now past the age of employment. Many more senior citizens are experiencing losses of both vision and hearing. How do they handle this dual disability, after having lived a life of sight and sound? Several respondents hoped Helen Keller National Center would become responsible for developing a cradle to grave national and state system for the deaf-blind.

2. What systems do you see necessary to develop and meet the above needs during 1984, 1985 through 1989, and 1990 through 1994?

Many respondents who wrote of the more personal needs for the deaf-blind as the primary and immediate need, indicated in response to question 2, the importance of developing state systems and plans for the coordinated and integrated care of the deaf-blind. A model state plan is in the process of development. Th[illegible] plan is sponsored by the South Central Regional Center for Services to Deaf-Blind Children and Their Families, Dallas, Texas; Arkansas Research and Training Center, Little Rock, Ark.; Rehabilitation Regional Continuing Education Program, University of Arkansas, Hot Springs, Ark.; Rehabilitation Sciences Administration, Region VI, Dallas, Texas; and the Helen Keller National Center for Deaf-Blind Youths and Adults, Sands Point, N.Y. Once this plan is completed, hopefully by the fall of '83, it would be available to the Subcommittee on the Handicapped.

The need for research was a prominent factor mentioned in Question 2. Research directed toward the understanding and prevention of Usher's Syndrome, as well as other causes of deaf-blindness was frequently stated. The following were also stressed: Research and development of communication and mobility devices that would further enable deaf-blind persons to live more independently and maintain employment; computers that would utilize either a larger CRT screen or magnify the print output; electronic and engineering devices that incorporate braille and are within the economic means of deaf-blind persons; demographic research as to the size and composition of deaf-blind persons; curriculum studies as to methods and systems that deaf-blind persons could better utilize in education and rehabilitation; and the need for continuing research in visual and hearing assessment. Many respondents expressed the need for a national definition on deaf-blindness.

Other areas within Question 2 referred to stable and increased funding for Helen Keller National Center so that all facets of services for deaf-blind persons could be "umbrella-ed" under this agency. A continued federal presence in the education and rehabilitation of deaf-blind persons was repeatedly mentioned, along with the following: A federal incentive program for employers to hire the deaf-blind, recreational programs in federal, state, and local parks, and advocacy programs to enable the deaf-blind to reach out for services and resources that are mandated by law. One deaf-blind individual felt that proclaiming a National Deaf-Blind Awareness Week would substantially sensitize the general public to the needs and abilities of the deaf-blind. Training programs for police, fire departments, and emergency medical personnel in how to respond to the deaf-blind was mentioned.

3. What legislation may be necessary to develop and support those systems during the above three time periods?

Most people were quite unanimous in their response to this question. Most felt a need for the continuation and expansion of federal and state services for the deaf-blind; increased appropriations; specific definitions of deaf-blindness; interagency agreements within the state systems that would encourage the coordination of services that include expanded educational opportunities because many deaf-blind learn slowly; and rehabilitation systems that cover an extended period of time and allow rehabilitation counselors to have the time to work with the deaf-blind. Other systems, housing, transportation, employment, recreation, economic support, family counseling and assistance, mental health, and nursing home care have to be integrated within a deaf-blind service delivery system. Many felt Helen Keller National Center should be a major organization in promoting and developing these programs. Maintaining the Regional Centers for Deaf-Blind Children was frequently stated.

4. Please suggest a maximum of five other needs that deaf-blind persons have and should be met during each of the time periods.

In response to this question, most respondents began to repeat items listed in Questions 1 and 2. Housing for the aged deaf-blind was listed several times. Cluster apartments near recreational activities for working deaf-blind persons was another frequent comment. Reviewing the results and effectiveness of what many hoped would exist, a national service delivery system for the deaf-blind seemed important, with the following emphasized: Continued job training and placement; continued training of professionals with constant emphasis on their ability to communicate and work with the deaf-blind; respite service for the parents of the deaf-blind; continued flexibility in educational and vocational rehabilitation systems; and further adaptation of the electronic and engineering state of the art to meet the needs of the deaf-blind.

5. What areas of research do you feel would be of primary importance to deaf-blind persons?

Respondents felt the following research areas were necessary: Optimization and conservation of vision and hearing; increasing the environmental safety of deaf-blind persons; communication and information systems adaptable for the deaf-blind; development of recreational and leisure time activities suitable for the deaf-blind; genetic, medical and psycho-social research on deaf-blindness; work tolerance and work achievement of deaf-blind persons; use of guide dogs and devices to aid in the mobility of deaf-blind persons; inclusion in the 1990 census of demographic data related to the deaf-blind; and those technological aids and devices that would enable the deaf-blind to "see, hear, and communicate!"

We hope the above information will be helpful in your consideration of the Vocational Rehabilitation Act of 1973, as amended, as well as understanding the needs and priorities of the deaf-blind. We do not feel our attempts to summarize the many comments we received do justice to the feelings, hopes, and needs of our deaf-blind Americans. Perhaps a visit to our faciility in New York, meeting deaf-blind clients here, in other agencies, or inviting members of deaf-blind organizations to meet with your Committee or staff would have more meaning in determining what the deaf-blind need to become more productively and socially involved.

Helen Keller National Center
For Deaf-Blind Youths and Adults

PETER J. SALMON, LL.D. Founder
MARTIN A. ADLER, MSW, ACSW, Director

operated by
THE INDUSTRIAL HOME FOR THE BLIND

March 3, 1983

TO: Concerned Individuals and Agencies Regarding the Deaf-Blind
FROM: Martin A. Adler, Director
SUBJECT: Senate Subcommittee on the Handicapped

We have been asked by Senator Lowell P. Weicker, Jr., Chairman of the Subcommittee on the Handicapped of the Senate Labor and Human Resources Committee, to appear before that Subcommittee on March 21, 1983 and also to provide the Subcommittee with written testimony regarding the future plans of the Helen Keller National Center. This has to be submitted by March 31, 1983. Our testimony on March 21st, which will be limited to a five minute presentation, will focus on the general needs of HKNC. As you may know, Senator Weicker is planning to review the current Rehabilitation Act.

We plan to provide the Senate Subcommittee by March 31st with a comprehensive picture of the needs of deaf-blind persons throughout the United States. We hope to develop this in terms of one year, five years, and ten years. We are requesting you to please provide us with brief answers to the following:

1. What do you see as the primary and immediate need for deaf-blind persons during 1984? What do you see as the primary needs for deaf-blind persons in 1985 through 1989? What do you see as the primary needs for deaf-blind persons in 1990 through 1994?

2. What systems do you see necessary to develop and meet the above needs during 1984, 1985 through 1989, and 1990 through 1994?

3. What legislation may be necessary to develop and support those systems during the above three time periods?

4. Please suggest a maximum of five other needs that deaf-blind persons have and should be met during each of the time periods.

5. What areas of research do you feel would be of primary importance to deaf-blind persons?

We have tried to present general questions that relate to deaf-blind individuals of all ages. I am hopeful that your responses will be brief and to the point so that your comments could be utilized in testimony. Because we have such a very limited time period, we are requesting that you expedite your response. This memorandum is being sent to deaf-blind consumers, workers in the field of work for the deaf, the blind, and the deaf-blind, parents, and agencies. Please feel free to share this request with other individuals. We must have your response by March 18th. If you have any questions, please feel free to call me.

Senator **Weicker**. There might be questions which the committee might want to propound to you for response to the record, and I thank you both very much.

Now, the committee will take a three minute break. I appreciate if the next panel, the part II of the Education of the Handicapped Act, the first panel will be Gary Bauer, George Conn, and Dr. Ed Sontag, if they would go ahead and take their places at the witness table, we will go ahead and recess for 3 minutes, in order to give the translator here a little rest, and allow the committee staff to readjust itself.

[Short recess.]

Senator **Weicker**. The committee will come to order.

We now move to—the committee will be in order.

We now move to the Education of the Handicapped Act, and Mr. Bauer, I suspect you will be presenting the testimony of the Department in this area?

First, however, I would like to place into the record the statement of my colleague, Senator Stafford, that will appear at the beinning of the special education portion of these hearings.

[The prepared statement of Senator Stafford follows:]

Prepared Statement of Senator Stafford

Senator **Stafford**. The Education for all Handicapped Children Act of 1975 has taken us a long way toward providing free and appropriate services to all handicapped children and youth. Our task today is to review that progress and to set the course for the future. Though over four million youngsters received special education services in the 1981-82 school year, disparities still exist. There are eligible children, particularly preschoolers and secondary students, who are still not receiving the appropriate educational services they deserve.

The discretionary programs serve a unique purpose within the context of the Education of the Handicapped Act. They are the vehicle through which educators are able to research areas of particular concern: Disseminate information about successful practices and new technologies, and receive the necessary training to provide the full range of services needed by handicapped children and youth. These programs help insure that services provided to handicapped students nationwide are of the highest quality.

The Federal commitment to these discretionary programs has been substantial in the past, and because of their documented success this commitment should continue. There are areas which may require an increased emphasis in order to insure that emerging needs of handicapped children and youth are recognized and provided for through this legislation.

I look forward to hearing about the accomplishments we have made in improving services to handicapped children as well as your suggestions as to how these services can be enhanced in the future.

Senator **Weicker**. You may proceed, Mr. Bauer.

STATEMENT OF GARY M. BAUER, DEPUTY UNDER SECRETARY FOR PLANNING, BUDGET, AND EVALUATION, DEPARTMENT OF EDUCATION, ACCOMPANIED BY GEORGE A. CONN, COMMISSIONER, REHABILITATION SERVICES ADMINISTRATION, AND ACTING ASSISTANT SECRETARY FOR SPECIAL EDUCATION AND REHABILITATIVE SERVICES; AND DR. EDWARD SONTAG, ACTING DIRECTOR, SPECIAL EDUCATION PROGRAMS

Mr. **Bauer**. We will try to keep the statements very brief, Mr. Chairman. I know that we are pressed for time.

The administration is proposing a 3-year extension for all of the authorizations under this act which are expiring at the end of fiscal year 1983. These authorizations cover eight discretionary programs funded under parts C, D, and E of the act. Although we are not proposing any changes in the scope or types of activities which may be conducted under these authorities, we do believe that some redirection of our priorities for these programs is required.

We appreciate the opportunity to today review the progress that has been made over the last 5 years in these programs, and to describe some trends in special education and in the needs of handicapped children which require our careful attention. Let me first describe the overall objectives of the programs and then review in more detail the activities supported under parts C, D, and E.

With the enactment of Public Law 94-142 in 1975, Congress established a national goal of equal educational opportunity for all handicapped children, and authorized Federal financial assistance to help the States in meeting this goal. We strongly support this objective and believe that monitoring and enforcement of the Federal guarantees are among our most important responsibilities.

We also are committed to providing financial assistance to the States to help them meet their responsibilities under the law to provide a free appropriate public education to handicapped children. In addition to these functions, we feel that the Federal Government can enhance State and local efforts to improve the quality of education for handicapped children by targeting some additional Federal resources on activities that are not likely to be undertaken by States and localities. These include activities in the areas of research, dissemination of information, model development, teacher training and technical assistance. These types of activities are currently authorized under parts C, D and E of the Education of the Handicapped Act, and will be extended under the administration's reauthorization bill, which will be transmitted to the Congress shortly.

We believe that support for these discretionary activities can be both extremely supportive and complementary to State and local provision of direct services to children. Although we are not proposing any modifications to the current authorities for these programs, we are proposing to shift the focus of some of these activities as States make greater progress in meeting their responsibilities for the provision of direct services. I will now describe the activities supported under parts C, D and I in greater detail.

I would ask Ed Sontag to comment on some of the programs in greater detail, if I may.

Dr. SONTAG. Thank you.

Senator, first I would like to talk about part C, Centers and Services to Meet Special Needs of the Handicapped.

Part C, Centers and Services to Meet Special Needs of the Handicapped, supports contract and grant programs aimed at enhancing the capacity of the service delivery systems in the States to serve special populations including preschool children, adult and deaf-blind and other severely handicapped children.

Under section 621 we support regional resource centers (RRC's). This program originated in 1969 to assist States in implementing evaluation and assessment practices in schools. In 1980, as a result of monitoring visits to States and a number of evaluation studies which found a marked uneveness in the quality of educational services across local and State education agencies, the RRC activities were aimed more toward technical assistance to State agencies with the goal of removing the remaining barriers to quality special education programs for handicapped children.

On March 22, 1977, the last time the Office of Special Education appeared before this Subcommittee for the purpose of legislative reauthorization of this program, we stated that "* * * our long-range plan is to terminate this program as the full implementation of Public Law 94-142 becomes a reality."

Dr. SONTAG. The early childhood education program authorized by section 623 has, since 1969, funded projects which demonstrate and disseminate exemplary methods of educating handicapped children under age eight. Many of these projects are maintained by other funding sources after Federal grants end. This program, which also supports early childhood institutes, complements the preschool incentive grants program funded under part B by developing models of best practices for preschool programs.

Under section 624 we have been able to focus on the unique needs of severely handicapped children who often require extensive coordinated services which are provided by a number of State and local agencies.

The fifth and last discretionary program under part C is the regional vocational, adult and postsecondary program, section 625. There is an increasing recognition of the need for programs to help older handicapped children in the transition from school to work. In the past, this program has been largely focused on vocational schools for the deaf. In setting future priorities, we intend to devote more attention to other handicapping conditions. Our current and future activities will maintain the goal of helping handicapped children to enter adulthood with confidence—knowing that they can be personally fulfilled while also contributing to society.

Two of our discretionary programs are authorized by part D—Special Education Personnel Development and Recruitment Information. Our personnel development program has supported training for thousands of special educators, regular classroom teachers, related service personnel, administrators and others through the years.

There can be no question that an adequate number of trained teachers is essential in providing quality education for handicapped children. Under existing legislation we can continue to address this need, largely by focusing on preservice training of new teachers.

During this past year, for instance, we rechanneled our resources on seven priorities including special education teachers, related services personnel and volunteers and parents. We intend to insure that emerging needs—especially in the area of secondary and post-secondary programs—are also addressed in the future.

Part E of the act authorizes research and development activities aimed at improving education opportunities for handicapped children. This past year, for instance, we initiated research projects in the area of secondary school programs and intend to eventually expand our demonstration activities when additional information becomes available. Research also helps us to determine the nature and contend of personnel preparation programs and it assists us in designing demonstration programs for severely handicapped children and youth.

Senator, we would be pleased to answer any questions that you have.

Senator **Weicker**. Thank you very much, Mr. Sontag.

In stating its position on the appropriate Federal role in education, the administration often includes research as a priority. Yet your proposal to reduce funding in special education research implies that it is not a priority. You point out here that actually it is $12 million proposed in 1984—maybe you might want to comment on why this seemingly is not a priority.

Dr. **Sontag**. Senator?

Senator **Weicker**. Are we going to get the macro or the micro answer?

Dr. **Sontag**. The research program in special education programs is an integral part of our entire effort. It presents us with an opportunity to interface with Public Law 94-142, improve monitoring, determine future directions in our demonstration programs and to provide better information in our personnel preparation program.

We have a two-faceted program, largely field initiated, balanced with Federal direction. We think that those two alternatives provide the field, with viable information so that we can better educate handicapped children.

It is a very important priority, Senator. The budget cut that was proposed for 1984 is a relatively modest one.

Senator **Weicker**. Oh, no. No, no, that does not—I realize that $1.2 million is not a lot of money by Washington, D.C. standards. But what is that percentage wise? It is roughly 10 percent.

Dr. **Sontag**. Yes, sir.

Senator **Weicker**. According to GAO, in the 1981 report, secondary and postsecondary age youth are underserved by special education. Since only 30 States provide for an education for 18 to 21 year olds, it is hardly surprising.

What leadership role do you recommend—do you assure that Federal education is providing in this critical area of education for young adults?

Dr. **Sontag**. Senator, we are very concerned with the work opportunities available to the handicapped children as they leave public school environment. Not only that, we are concerned with the large number of dropouts that we continue to have from our special education programs. More than half of the enrollees, special education programs, never graduate from high school. The large majority of handicapped individuals go into the work force, are unemployed. It is a major concern.

We have looked at all our discretionary programs, directed at the establishment of transition from school to work as a priority. Our efforts to date include the development of a formal working relationship with the Office of Vocational Education and the Rehabilitation Services Administration to assure service coordination. A direct result of these efforts can be seen in the education data that the enrollment of handicapped students has more than doubled over the last 6 years, and State and local funding has more than tripled.

Senator **Weicker**. Do you want to pull that microphone up?

Dr. SONTAG. I am sorry. We have funded research programs which have demonstrated problems relating to the transition of students from school to work. Work at the University of Oregon, the University of Washington, and the University of Wisconsin, indicate that vocational education money spent on severely handicapped children does make a difference.

We are finding that children who were previously institutionalized, with modest support in the community of approximately $1,200 year at the University of Wisconsin, students can be maintained in competitive employment.

Similar data from a very severely profound population at the University of Oregon shows that students are now holding competitive employment, who in the past, without special instruction, were placed in institutions, at the very best in restrictive environments. These programs do make a significant difference, and we will continue to address our efforts on these children.

Work at the University of Illinois has influenced curriculum changes at the secondary school level, by finding ways for schools to work with the leaders and business and industry to be sure that employers 'needs are being met in school programs.

We have been supportive of work in Virginia Commonwealth University, to develop innovative vocational training models for the deaf, really severely handicapped youth in high technology.

We have provided direct technical assistance to State education needs. We established vocational education transitions from schools to work as a major priority, and as I said earlier, it is reflected in all of the programs, with the exception of early childhood education, that we continue to address.

Senator WEICKER. The intent of the preschool incentive grant program is to encourage States to implement preschool instruction, and to facilitate planning for 3 to 5 year old handicapped children. It is estimated that only one out of four of the preschool handicapped population is receiving special education services nationwide.

Again, what recommendations do you make to improve this program to reach more students?

Dr. SONTAG. Senator, at this time we are proposing no specific recommendations for the preschool incentive grant program. However, we are requesting reauthorization for the handicapped children's early education program, which is under part C. We feel that this is one of the most successful programs that has ever been funded by the Government.

Senator, I am sure you are aware that the track record of seed money programs, demonstration programs, of course, the Government is not as great as it can be and should be. Recent studies indicate that some 10 to 20 percent Federal demonstration projects are picked up after Federal money goes away. Eighty percent of all of the projects ever funded in this program, since 1969, are still in existence. These programs demonstrate quite clearly that early childhood education makes a difference in educating children. It saves money to society in the long run.

The children who enter these programs at early ages are less handicapped, avoid costly institutionalization. It is a program that works, and we are urging its continuation.

Senator **Weicker**. Yes, but we have to do something. The fact is that there obviously is a problem. I am more than glad to sit down with you and the Department, you know, to try to see if we can work something out, because only one out four receiving special education services is bad.

Dr. **Sontag**. The enrollment in the preschool incentive craft——

Senator **Weicker**. As you correctly point out, if you can increase the number of children receiving the services, it would save an enormous amount of money. Only one out of four is receiving these services, so obviously we are missing the boat somewhere.

Dr. **Sontag**. There has not been an increase in the number of children receiving services under this program since the enactment of Public Law 94-142. There has been a leveling off.

Senator **Weicker**. Well, then clearly there are some changes in order. Obviously something is not clicking.

Mr. **Bauer**. Mr. Chairman——

Senator **Weicker**. Nina points out to me that the funding level has been the same for what, 4 years—3 years, so that this is one of those instances when additional funding would help. But that is a problem.

Anyway, I think it is a problem that you ought to take a careful look at.

Mr. **Bauer**. Mr. Chairman, as you know, the children aged 3 to 5 also can be served under the basic State grant program, and we are increasing that amount in our request, by $28 million.

Senator **Weicker**. Well, let me tell you, having had personal experience, that service can just vary so widely from State to State, and believe me, the States, if they want to, can find 1 million ways of running around the obligation. In any event, I think it is something that we should take a look at.

I have further questions but I want to give time to the remaining witnesses that we have. I will submit my questions to you for a response that will go into the record.

Thank you very much.

[The following responses were subsequently received for the record:]

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE ASSISTANT SECRETARY
FOR SPECIAL EDUCATION AND REHABILITATIVE SERVICES

SPECIAL EDUCATION
PROGRAMS

April 27, 1983

Honorable Lowell Weicker, Jr.
United States Senate
Washington, D.C. 20510

Dear Senator Weicker:

In response to your request for additional information related to the hearings on the Education for the Handicapped Act Discretionary Programs, I am enclosing the attached questions and answers.

Thank you for allowing us to appear before your subcommittee. Please let me know if we can be of further assistance.

Sincerely,

Ed Sontag
Acting Director
Special Education Programs

Enclosure

BEST COPY AVAILABLE

RESEARCH

Question: In stating its position on the appropriate Federal role in education, the administration often includes research as a priority. Yet, the administration's proposal to reduce funding in special education research implies that it is not a priority. How important is research for special education programs?

Answer: The research program has a synergistic relationship to special education State grant programs and to the other discretionary programs that support training, demonstration and technical assistance. It is felt that the requested funding levels for research and other activities reflect the best balance to support this relationship. We use the knowledge that comes from research as the foundation for: designing demonstration projects; determining the nature and content of personnel preparation programs developing the substantive basis for delivering technical assistance to State and local education agencies and increasing the effectiveness of Federal monitoring. And, we use what we learn from our training, demonstration and technical assistance activities, and from administrating State grant programs to identify problems and priorities for research.

Special Education Programs supports only applied research, which is designed to have immediate application for improving the education of handicapped students, and and almost always directly related to our other activities. This has enabled us to take maximum advantage of the research program in facilitating the implementation of P.L. 94-142.

Question: The 1982 Annual Report to Congress on the Implementation of P.L. 94-142 summarizes the special evaluation studies supported by Special Education Programs (SEP) since FY '76. After reaching a peak of 9 in FY '78 the number of studies dwindled to a meager 4 in FY '78, all of which are continuations from previous years. No new studies have been initiated since FY '79. The studies provided a crucial part of the information used in the annual reports to Congress. Without these studies, what analyses of data collected will be provided to Congress?

Answer: At the present time there are two studies which provide basic information to be used in the Annual Report to Congress mandated by Section 618 of the Education of All Handicapped Children Act. The first of these is a contract to provide data analysis support for the preparation of tables of data reported annually by States on the numbers of handicapped children served, personnel and location of services. The second study provides a network for exchange of information among participating State education agencies, local education agencies and Special Education Programs. This project can provide fast response studies on current questions and issues in special education throughout the year.

Question: Those in the field traditionally look to the Federal Government to provide initiatives and funds in research areas of national scope, such as the development of alternative approaches to educating the handicapped. How are the national research priorities determined? Is there input from those in the field?

Answer: We provide two basic types of research support: field initiated research, and directed research. The field initiated research program asks practitioners in the field such as policymakers, administrators and teachers, parents of handicapped children, and academic researchers, to identify problems and potential solutions on the basis of their experience. In June of 1981 the Department published a list of priorities from which the Secretary selects those areas on which he wishes to focus attention. This list was developed as part of the Department's regular regulatory process and ample opportunity was afforded to those in the field to provide input. On an annual basis the Secretary solicits applications targeting on specific priorities in this listing. The selection of areas for targeting is based on a wide variety of input both internal and external to the Department including input from program administrators, parent organizations, researchers in the field of special education, and others.

Our directed research program targets Federal support to projects which are designed to: 1) help us get a better understanding of a problem or issue; 2) synthesize research knowledge and experience to enhance its applicability for improving a practice; and 3) determine the effects of instructional strategies, educational programs, or administrative procedures.

In directed research, the government holds itself to the same standard it requires of applicants seeking support for field initiated research. Researchers regularly review plans for procurements to assure that SEP agrees on the importance and likely impact of projects being proposed or priority areas being announced. The information used by both applicants and SEP for identifying and justifying their research priorities includes: a) documentation of the magnitude and significance of the problem; b) previous research findings; c) likelihood of a problem or priority area being susceptible and responsive to research inquiry; d) public expression of legislators, administrators, parents, and the private sector; and e) state plan reviews, compliance reports, and evaluation studies.

Question: In hard-pressed economic times it is crucial to have evidence to support the cost-effectiveness of Federal programs, including special education. What special studies or other plans does the Department have to address this issue?

Answer: The issue of cost-effectiveness of special education services has been recognized by SEP as one of critical importance. In FY 1983 SEP initiated a research competition under the priority area of assessment, to include the assessment of student outcomes and investigation of the cost-effectiveness of various service delivery models. Applications for research in these areas are currently under review. It is expected that as a result of this research competition, a modest investment can be made in studies of cost effectiveness and other aspects of service delivery.

Question: GAO estimates that there are up to 600,000 unserved seriously emotionally disturbed youngsters. (GAO, page 54, 1981) Effective instructional techniques are needed for these students. Bearing this in mind, why are only 5 out of 124 research projects funded through SEP addressing the needs of the seriously emotionally disturbed?

Answer: One reason why so few research projects dealing with seriously emotionally disturbed children are funded through SEP is that SEP receives few applications for research in this area. The reason that so few applications dealing with this population of handicapped youngsters are submitted is not known, but it may be that researachers in the area of seriously emotionally disturbed may be more apt to apply to another Federal agency, (e.g., National Institute of Mental Health (NIMH)) for support.

Question: What leadership are you providing to assist the field in addressing these problems?

Answer: SEP has been receiving inquiries about this area, and is currently discussing whether to establish the priority area targeted toward the seriously emotionally disturbed. SEP is planning to ask for input from the field, and consult with State Plan Officers here, to make this decision.

INSTRUCTIONAL MEDIA FOR THE HANDICAPPED

Question: The purpose of Part F (Instructional Media for the Handicapped) is two-fold: 1) to promote the welfare of the deaf, and 2) to enhance the educational advancement of all handicapped persons. How is the second goal being achieved presently under Part F?

Answer: The second goal of Part F is being addressed primarily through programs which encourage the availability, quality, and use of instructional media, materials, and technology in the education of all handicapped persons.

Research has shown that where quality instructional media, materials, and technology are used knowledgeably they have enormous potential for improving the education, independence, and employability of handicapped individuals. Federal dollars support programs that develop, market, or are of general interest in the instructional media, materials, and technology for handicapped individuals. materials, and technology for handicapped individuals. In addition, at the request of school officers staff is trained in the implementation of instructional media, material, and technology into handicapped education programs.

Examples of the types of projects designed to meet the second goal of Part F follows:

Availability

- The Market Linkage Program for Special Education aims at the successful commercial marketing and national dissemmination of products developed with Special Education Program funds.

- An Analysis of Marketing Procedures by Educational Technology Software is analyzing critical issues in marketing software and developing a plan to involve both developers and distributors in all phases of the marketing and distribution of high technology software for special education.

Quality

- A project directed toward the adaptation of curriculum materials for special education involves four contractors who are working with publishers to adapt textbook series currently in use in the schools so they will be appropriate for use with mainstreamed handicapped children.

- Project SpEd Tech, is sharing information collected from a national sample of LEAs with 65 publishing houses in an effort to ensure that the instructional materials they develop for use with handicapped children is not only of high quality but also meets the needs of the LEAs.

Use

- Project Edutech explores issues in special education and disseminates information to SEAs and LEAs in the form of fact sheets, resource guides, reports, journal articles, and audio-visuals about technological solutions to these issues.

- "Microcomputers in the Schools" is a project using a case study approach to describe the issues and solutions schools have encountered in the use of micro computers to provide special education and related services. The project will develop information packages to assist LEA administrators in the adoption and use of microcomputers.

SECONDARY-POSTSECONDARY

Question: According to GAO (1981 report) secondary and postsecondary age youth are "underserved" by special education. Since only 30 states provide for the education of 18-21 year olds, this is hardly surprising. What leadership role do you recommend for the Federal Government to assure that needed educational services are provided at this critical young adult age?

Answer In the past several years SEP has supported a number of activities which have addressed the problem of educational services to postsecondary-aged handicapped persons. In fiscal year 1983, for instance, four new grants averaging about $400,000 will be awarded under the Regional Vocational, Postsecondary and Adult program for the purpose of providing services to this target population. Projects will also be funded to develop models for services which can be adopted by other postsecondary institutions. In addition, up to three research institutes will be funded under the Innovation and Development program to support long-range programmatic research into the development and provision of educational services in higher education settings. Activities which would be appropriate for the Federal government in its leadership role would include support of projects to:

- Develop and disseminate curriculum materials especially career development materials for handicapped students.

- Provide follow-up studies of students who leave public school programs to determine variables which enable and/or inhibit individuals attempting to secure employment or continued programs and services, as well as to provide model demonstration activities to develop, identify, and disseminate successful practices which could be replicated in other school systems); and

- Enhance communication between schools and potential employers in order to incorporate the expectations of employers in the educational process and enlist their support in assisting students in the transition.

REGIONAL RESOURCE CENTERS

Question: Originally the primary role of the Regional Resource Centers (RRCs) was to provide technical assistance to State education agencies to implement the mandates of the law. The focus has shifted from implementation to concerns such as the quality of special education, interagency collaboration, and the utilization of technological advances for the handicapped. How have the Regional Resource Centers adapted to this change in focus?

Answer: With the passage of P.L. 94-142 the focus of the RRC program was changed from the direct assessment and development of educational programs for handicapped children to assisting State education agencies in implementing the provisions of the law. Initially RRC assistance to States focused on helping procedures, and the training of personnel regarding the provisions of the law. By 1980, however, great progress had been made by States in implementing the provisions of P.L. 94-142. The quality of services related to these provisions, however, was often variable across SEAs and LEAs, suggesting that there were remaining barriers to the provision of quality programs to all handicapped children as mandated by P.L. 94-142. As a result the focus of the RRC program was refined. Beginning in 1980 RRCs have worked with SEAs and consumer groups to identify persisting problems in providing all handicapped children with quality educational programs. Some of these persisting problems include interagency collaboration, quality services and instruction for special populations of handicapped children, and utilization of technological advances.

Once persisting problems have been identified, the RRCs work to identify strategies, policies, and practices that may alleviate these problems. To carry out this function, RRCs have had to develop links to a variety of sources of information regarding the most recent developments in special education research, practice, and technology. These sources include research and policy projects information exchanges, and dissemination networks. The RRCs have also developed the capability to directly identify successful practices by seeking nominations, then carrying out on-site visits of projects or programs.

Information regarding relevant policies and practices are then presented to SEAs in a a format that meets their needs.

PERSONNEL PREPARATION

Question: In the requests for proposals (RFP's) on training personnel, the emphasis has shifted from in-service training to pre-service training. What is the rationale for the change in priorities?

Answer: The rationale for the change in priorities is: a) the continuing high need for additional special education teachers and related service personnel which is more appropriately addressed through pre-service rather than in-service training and b) the increasing use by SEAs and LEAs of P.L. 94-142 funds for inservice training.

Question: How will inservice needs be addressed under the Department's plans?

Answer: Under the personnel preparation program a portion of the funds appropriated will be spent for in-service training, and the continued development of new and innovative models of in-service training.

SEA's may retain up to 25 percent for administration at the state level. SEAs and LEA's may use these funds for inservice training, but not for pre-service training activities. The percentage of P.L. 94-142 funds SEAs and LEAs spend on in-service training has been increasing each year. We project that in 1984 SEAs and LEAs will spend in excess of $60,000,000 of P.L. 94-142 funds for inservice training.

EARLY CHILDHOOD

Question: The preventive power of high quality early intervention is undisputed in the field. Studies indicated that intervention before age three results in fewer children being labeled mentally retarded; fewer years spent in special education; fewer grades in school repeated; a higher number of high school graduates; and higher job aspirations. Furthermore, it has proven to be cost effective.

In light of these facts, why isn't early childhood a major priority?

Answer: Early childhood education continues to be a high priority. Administration plans provide for the development of a number of new demonstration projects, focusing on the development of innovative approaches addressing new needs. Plans call for careful use of resources for identified priorities such as models for rural areas, for the underserved birth to three age group for use of new technology with severely handicapped young children, and for special populations such as immigrants, migrant, and foster children who are handicapped. This approach to funding demonstration projects emphasizes use of research information and dissemination of needed models, with State and local responsibility for use of the models to provide direct services.

PRESCHOOL INCENTIVE

Question: The intent of the preschool incentive grant program is to encourage States to implement preschool instruction and to facilitate planning for 3 to 5 year old handicapped children. It is estimated that only 1 out of 4 of the preschool handicapped population is receiving special education services nationwide. What recommendations can you make to improve this program to reach more students?

Answer: The need to improve and expand educational programs for preschool handicapped children is widely recognized by all levels of government in addition to parents and teachers of handicapped children, nevertheless, with the implementation of P.L. 94-142, the focus of activity over the past eight years has primarily been on the 5-17 (school-aged) population. The Preschool Incentive Grant program is designed to encourage States to expand preschool services to children below the mandated age range. As you have indicated, however, a large number of preschool children remain unserved, or underserved. The following program needs have been determined to be priorities in the Early Childhood Education program, which awards grants to State agencies for the purpose of planning statewide services for young children:

- Improving interagency collaboration -- sharing of best practices
- Influencing State agencies to combine efforts and resources for development of early childhood programs
- Expanding interagency collaboration -- learning from the successes of other SEAs
- Initiating high-risk registries
- Improving networking among SEAs
- Developing more effective inservice models
- Continuity of training for early childhood special educators
- Collecting statewide efficacy data
- Establishing state policy/regulations regarding high-risk and handicapped, program standards (class size, ratios, duration of intervention, and models)
- Promoting LRE for preschoolers
- Regulations and standards for placements of preschoolers in public human service programs, private programs and Head Start.

Question: Planning for purposes of service delivery is critical in all areas of education. Collecting accurate data about the 0-5 year old handicapped population is difficult because many disabilities are developmental in nature, and, therefore, not obvious at birth. What methods might you suggest to improve our data collection efforts and consequently our ability to plan for the needs of future handicapped populations?

Senator **Weicker**. Our next witness is Dr. Alan Hofmeister, dean, School of Graduate Studies, Utah State University.

My good friend, the chairman of the committee, Senator Hatch, who I might add has been of enormous help to this Senator in the authorizing and appropriations sense, is a man truly dedicated, truly dedicated to the needs of the handicapped, disabled, retarded, and I might add, to the point where he gets, in this area, in almost as much trouble with the administration as I do.

I want to point out Senator Hatch's commitment and that he wanted to be here, Dr. Hofmeister, to introduce you. He is tied up in another hearing, and I will introduce his introduction of you into the record at this point. In the meantime, let me welcome you before the subcommittee, and say what a privilege it is to have you here, and I look forward to your testimony.

[The following was received for the record:]

Introductory Statement of Senator Hatch

Senator **Hatch**. I am proud to be able to introduce our next witness, Dr. Alan M. Hofmeister. As a resident of my home state, Dr. Hofmeister is currently the Dean of the School of Graduate Studies and Associate Vice President of Research at Utah State University.

Dr. Hofmeister is eminently qualified to speak on the topic of evaluation especially as it relates to Reauthorization of the Education of the Handcapped Act. For several years, he served as the Department Head of Special Education at Utah State University. In 1972, he developed a model research program for school districts. He has conducted program evaluations for state departments of education and universities and school districts.

In his current capacity, he developed and implemented a university evaluation program which reviews departments at USU every seven years. He has also engaged in program evaluation activities at Vanderbilt University of Minnesota and Oregon State. He is a member of the Presidents Commission on Higher Education. In addition, he has been responsible for training PhD level students and has published his work in many journals and periodicals.

At this time I am very grateful that D. Hofmeister took the time and effort to come to testify before the subcommittee today. I am delighted to have the opportunity to present to you, Dr. Alan M. Hofmeister.

STATEMENT OF DR. ALAN M. HOFMEISTER, DEAN, SCHOOL OF GRADUATE STUDIES, ASSOCIATE VICE PRESIDENT FOR RESEARCH, UTAH STATE UNIVERSITY

Dr. **Hofmeister**. Thank you, Senator.

Before the evaluation and research sections can be commented on, a question has to be posed. Is a change needed in the law? The answer to this question determines the focus of the comments.

My answer is "no." I see nothing in the findings from the recent hearings held around the country or in the findings from previous evaluation studies that would suggest there is a need for substantial changes in the law.

I would counsel Congress not to change the law unless there are major problems. Public Law 94-142 is not just another piece of legislation. It is a symbol of the achievement of citizenship by a significant portion of the population. As a symbol it should not be subject to the constant threat of minor changes regardless of the sincerity of the intent. Recommendations for minor changes are often seen as an attack on a symbol, and communication is lost. We cannot afford such a loss of communication.

I say this, not because I am tired of the debate, but because I believe there are no major weaknesses in the law and minor problems should be taken care of at the program level. For this reason, the following comments are concerned with program directions.

I would like to pose the following frame of reference for the conduct of evaluation efforts.

One, the problem selection process should be clarified. The fourth annual report to Congress on the Implementation of Public Law 94-142 notes that specific evaluation studies activities were "to provide information requested by Congress." I had difficulty determining how Congress formulated these questions. There needs to be an overt process by which evaluation questions are identified and prioritized. If the question development process is poorly defined, how can information have value? Information is useless if it does not relate to questions of concern.

Two the evaluation process should not neglect the difficult questions. There is a focus on variables such as the number of pupils identified, number of pupils served, amount of expenditures, number of personnel by disability category, et cetera. In general, the emphasis is on how many were served, not on how well they were served. I think it is now time to deal with the complex but basic issue of how well are our handicapped children being served?

There is considerable debate concerning the 84-percent increase in the number of learning disabled pupils during the past few years.

Three, there should be a programmatic approach to the evaluation process. Evaluation is a rational progressive problem solving process that is rarely achieved in one study. Some efforts should help identify specific issues, and some efforts should then followup on the specific issues. Some studies will lead logically to other studies. This requires longitudinal planning and the coordination of information that can only be met by a critical mass of effort at the Federal level. I feel that the evaluation resources at the Federal level have slipped below this critical mass effort. They certainly do not meet commonly accepted Federal requirements that at least 5 percent of the resources be expended on evaluation efforts.

Four, evaluation efforts should be change-oriented. The ideal evaluation model is a three-phase process: *(a)* Evaluation information is collected and problems are identified; *(b)* Intervention is conducted; *(c)* A reevaluation is conducted to assess the effectiveness of the intervention.

Five, evaluation efforts should include the potential decisionmakers. If evaluation efforts are to have credibility, then the potential users of the information should be involved in the formulation of these studies. While the involvement of Department of Education personnel is guaranteed, I had difficulty determining how Congress on one side, and groups on the other side, such as the National Association of State Special Educational Directors or representatives of advocacy groups on the other side, were involved.

My recommendations for evaluation activities that would be consistent with the spirit of section 618 are as follows.

There should be two major divisions to the evaluation activity One division should be a continuation of the monitoring program that provides the quantitative data on numbers and types of pupils served. To this data should be added information on the quality as well as the quantity of services. This monitoring program also needs to be strengthened by a longitudinal data source that focuses not at the agency end, but at the consumer end. A substantial amount of quality information can be collected on consumer reactions at a modest cost if we adopt modern polling techniques and focus on the parents of handicapped students.

The second division of evaluation activities should flow logically from the first division. The second division will focus on specific problems where explanations are needed as to why things are happening.

I would like to comment briefly on the research section. My major concern with present research activities is the fragmentation of efforts. A major reason for this fragmentation is the lack of resources. When resources are reduced, we allocate resources in smaller units and the resulting fragmentation means that centers of excellence for long-term in-depth efforts disappear. In my own field, the disappearance of these centers of excellence has been dramatic. Because of our emphasis on the application of technology to the needs of the handicapped, our technical skills have been attractive to private industry, the military, and the health sciences. These fields understand both the nature of the investment and the potential return of the investment.

There are ways to minimize fragmentation, even with limited resources. One way is to focus on the development of complete programs that make a major difference.

I am surprised how few people really understand the type of changes that are necessary to successfully treat even the mildly handicapped children.

It is clear, then, that we cannot be satisfied with model programs that just make a noticeable difference. We have to develop model programs that make a major difference. The normal definitions of significant achievement gains have little relevance.

The product of a research effort in model programs has to be (1) programs that are complete and generalizable across a variety of educational environments; and (2) programs that make a major difference.

Once we identify a few programs that make a major difference, we need a plan to capitalize on these demonstrations. This means that our research efforts have to be tied closely to other training efforts. Associated with every model that makes a major difference should be a technical resource program that (1) Will support the replication of the model in other sites; and (2) that will train leadership personnel in school districts and universities in the implementation of the model.

We must always keep in mind that the majority of special education pupils are mildly handicapped, and the majority of these would not be in special education if they had been appropriately served in the regular classroom. Research efforts should focus on procedures and models that prevent entry into special education.

In conclusion, I would like to close with a reference to a research project I conducted three years before Public Law 94-142 mandated services to all handicapped children. I received a research grant to apply telecommunications to the needs of the severely handicapped. I selected some 200 handicapped children who were not receiving services in the rural areas of Utah. Through the use of the telephone and highly structured training materials, we developed the parents as teachers.

We were successful in a variety of ways. The pupils improved as a result of the training. The parents developed skills that were helpful in other settings as well, and the materials were distributed nationally and are now available in five languages. Not only did we show that we could make significant improvements in the quality of life for some 200 families that had not been served, but even today, there are thousands of teachers and parents in the United States, Australia, Manila, Singapore, and even teachers in China, using the materials. I came out of this experience convinced of the value of research and of the importance of 94-142.

I think it is important to note that the legislature in Utah picked up this idea as a line budget item, at the conclusion of the study.

My story is not an isolated event. Other special education researchers have done much more. The programs you have funded have made a difference, and I know of no other way such activities will continue to occur if the Federal effort is diminished. The leadership for such research of this kind has not and cannot occur at the State level.

Thank you, sir.

Senator **Weicker**. Thank you very much, Dean Hofmeister.

I gather then that, specifically, the matter that I referred to earlier with Dr. Sontag, of a reduction of $1.2 million in the research budget is a cut that you do not feel should take place?

Dr. **Hofmeister**. I feel very concerned about it for two reasons.

No. 1, I have a great deal of confidence in the program supervisory personnel in the Office of Special Education. They know how to deliver on the dollar.

No. 2, I know what a million point four is, as far as the quality of life of individual families and citizens in the country. I think it is a very significant cut.

Senator **Weicker**. Thank you very, very much for your testimony.

If there are questions for the panel, we will submit them to you for response in the record. I think it is a very forceful statement, and one that will have great impact on the Committee. I appreciate it.

[The prepared statement of Dr. Hofmeister and responses to questions follow:]

COMMENTS ON PART B, SECTION 618: EVALUATION

AND

PART E, RESEARCH AND EDUCATION OF THE HANDICAPPED

PUBLIC LAW 94-142

by

Alan M. Hofmeister
Dean, School of Graduate Studies
Associate Vice President for Research
Utah State University

Testimony before the Senate Committee on Labor and Human Resources, Subcommittee on the Handicapped, March 21, 1983

COMMENTS ON PART B, SECTION 618: EVALUATION

PUBLIC LAW 94-142

Introduction

Before the Evaluation and Research sections can be commented on, a question has to be posed. Is a change needed in the law? The answer to this question determines the focus of the comments.

My answer is "no." I see nothing in the findings from the recent hearings held around the country or in the findings from previous evaluation studies that would suggest there is a need for substantial changes in the law.

I would counsel Congress not to change the law unless there are major problems. P.L. 94-142 is not just another piece of legislation. It is a symbol of the achievement of citizenship by a significant portion of the population. As a symbol it should not be subject to the constant threat of minor changes regardless of the sincerity of the intent. Recommendations for minor changes are often seen as an attack on a symbol, and communication is lost. We cannot afford such a loss of communication.

I say this, not because I'm tired of the debate, but because I believe there are no major weaknesses in the law and minor problems should be taken care of at the program level. For this reason, the following comments are concerned with program directions.

Part B, Section 618: Evaluation

I would like to pose the following frame of reference for the conduct of evaluation efforts.

1. The problem selection process should be clarified. The Fourth Annual Report to Congress on the Implementation of 94-142 notes that specific evaluation studies activities were "to provide information requested by Congress." I had difficulty determining how Congress formulated these questions. There needs to be an overt process by which evaluation questions are identified and prioritized. If the question development process is poorly defined, how can information have value? Information is useless if it doesn't relate to questions of concern.

2. The evaluation process should not neglect the difficult questions? There is a focus on variables such as the number of pupils identified, number of pupils served, amount of expenditures, number of personnel by disability category, etc. In general, the emphasis is on "how many were served," not on "how well they were served." I think it is now time to deal with the complex but basic issue of "how well are our handicapped children being served?"

There is considerable debate concerning the 84 percent increase in the number of learning disabled pupils during the past few years. A major reason for this increase is not just related to the admission process, but to the exit process. Exiting a program is an issue many would rather not discuss because it requires us to deal with the issue of "how well are pupils being served?'

3. There should be a programmatic approach to the evaluation process. Evaluation is a rational progressive problem solving process that is rarely achieved in one study. Some efforts

should help identify specific issues, and some efforts should then follow-up on the specific issues. Some studies will lead logically to other studies. This requires longitudinal planning and the coordination of information that can only be met by a critical mass of effort at the federal level. I feel that the evaluation resources at the federal level have slipped below this "critical mass" effort. They certainly don't meet commonly accepted federal requirements that at least 5 percent of the resources be expended on evaluation efforts.

4. Evaluation efforts should be change-oriented. The ideal evaluation model is a three-phase process:

   a. Evaluation information is collected and problems are identified;
   b. Intervention is conducted;
   c. A re-evaluation is conducted to assess the effectiveness of the intervention.

I found very little evidence that this three-phase model was in use. Even though many of the evaluation efforts last for three years, they terminate at phase one--the collection of evaluation data. Often, considerable time is lost in such activities as waiting for forms clearance.

5. Evaluation efforts should include the potential decision makers. If evalution efforts are to have credibility, then the potential users of the information should be involved in the formulation of these studies. While the involvement of Department of Education personnel is guaranteed, I had difficulty determining how Congress on one side, and the National

Association of State Special Educational Directors or representatives of advocacy groups on the other side, were involved.

Recommendations for Specific Evaluation Activities

My recommendations for evaluation activities that would be consistent with the spirit of Section 618 are as follows.

There should be two major divisions to the evaluation activity. One division should be a continuation of the monitoring program that provides the quantitative data on numbers and types of pupils served. To this data should be added information on the quality as well as the quantity of services. This monitoring program also needs to be strengthened by a longitudinal data source that focuses not at the agency end, but at the consumer end. A substantial amount of quality information can be collected on consumer reactions at a modest cost if we adopt modern polling techniques and focus on the parents of handicapped students.

The second division of evaluation activities should flow logically from the first division. The second division will focus on specific problems where explanations are needed as to why things are happening. For example, the first division studies may tell us that very few mildly handicapped pupils ever exit a special education program before they leave school. Division two should tell us why this might be so. These studies should be designed to facilitate follow-up evaluations after changes have been implemented.

PART E, RESEARCH AND EDUCATION OF THE HANDICAPPED

Fragmentation of Efforts

My major concern with present research activities is the fragmentation of efforts. A major reason for this fragmentation is the lack of resources. When resources are reduced, we allocate resources in smaller units and the resulting fragmentation means that centers of excellence for long-term in-depth efforts disappear. In my own field, the disappearance of these centers of excellence has been dramatic. Because of our emphasis on the application of technology to the needs of the handicapped, our technical skills have been attractive to private industry, the military, and the health sciences. These fields understand both the nature of the investment and the potential return of the investment.

Model Programs and Research Centers

There are ways to minimize fragmentation, even with limited resources. One way is to focus on the development of complete programs that make a major difference.

I am surprised how few people really understand the type of changes that are necessary to successfully treat even the mildly handicapped. The average learning disabled child becomes highly visible in the third grade. By the time these children enter fourth grade, they usually have been placed in special education and a program initiated. When we start serious intervention in the middle of the elementary school, the child is usually two to three grade levels behind, and for the elementary school staff, that leaves approximately two years for remediation. During those two years we are asking the special educator to take pupils that other people have failed with and bring them up approximately four grade levels in two years.

It is clear, then, that we cannot be satisfied with model programs that just make a noticeable difference. We have to develop model programs that make a major difference. The normal definitions of significant achievement gains have little relevance.

The product of a research effort in model programs has to be (1) programs that are complete and generalizable across a variety of educational environments; and (2) programs that make a major difference.

I think the long-term resources that are pumped into the research centers can develop such models. In some cases, effective models have evolved; in others, the efforts have not yielded a total functioning model. We seem to have reversed the process. We study components in isolation and make projections about their value. If we have a total program that works, then we know there is value in studying the components.

Research Links to Personnel Preparation

Once we identify a few programs that make a major difference, we need a plan to capitalize on these demonstrations. This means that our research effforts have to be tied closely to other training efforts. Associated with every model that makes a major difference should be a technical resource program that (1) will support the replication of the model in other sites, and (2) that will train leadership personnel in school districts and universities in the implementation of the model.

Research Links to Regular Education

We must always keep in mind that the majority of special education pupils are mildly handicapped, and the majority of these would not be in special education if they had been appropriately served in the regular classroom. Research efforts should focus on procedures and models that prevent entry into special education.

Durrell, as he retired from service after directing treatment programs for learning disabled pupils for thirty years, observed:

> The problems of beginning reading instruction have been greatly overdramatized. There are many communities in all parts of the country in which reading failure is seldom encountered in the first grade. All that we need is efficient instruction which is adjusted to individual subskill needs and which conforms to the nature of the learning task. The nonreader is a child who has been inadequately served in the classroom.
>
> Of the hundreds of nonreaders coming to our clinic during the past 30 years, most could have avoided reading difficulty. In every case there were obvious weaknesses in the subskills of reading sufficiently serious to account for the difficulty. Nearly all responded to effective skills instruction closely adjusted to their learning needs. The only exceptions were children with uncorrected sensory or physical handicaps, and these were very rare.

> Psychological, psychiatric, neurological, and sociological explanations of reading failure appear to be unimportant and misleading. (p. 71)

It is clear to me that many of our problems can be solved--that the answer lies in the quality of the treatment programs we develop.

Conclusion

I would like to close with a reference to a research project I conducted three years before 94-142 mandated services to all handicapped children. I received a research grant to apply telecommunications to the needs of the severely handicapped. I selected some two hundred handicapped children who were not receiving services in the rural areas of Utah. Through the use of the telephone and highly structured training materials, we developed the parents as teachers.

We were successful in a variety of ways. The pupils improved as a result of the training. The parents developed skills that were helpful in other settings as well, and the materials were distributed nationally and are now available in five languages. Not only did we show that we could make significant improvements in the quality of life for some 200 families that had not been served, but even today, there are thousand's of teachers and parents in the United States, Australia, Manila, Singapore, and even teachers in China, using the materials. I came out of this experience convinced of the value of research and of the importance of 94-142.

My story is not an isolated event. Other special education reseachers have done much more. The programs you have founded have made a difference, and I know of no other way such activities will continue to occur if the federal effort is diminished. The leadership for research of this kind has not and cannot occur at the state level.

UTAH STATE UNIVERSITY · LOGAN, UTAH 84322

OFFICE OF THE VICE PRESIDENT
FOR RESEARCH
Telephone (801) 750-1180

April 11, 1983

Honorable Lowell Weicker, Jr.
Chairman, Subcommittee on the
Handicapped
Committee on Labor and Human Resources
United States Senate
Washington, D. C. 20510

Dear Senator Weicker:

The following enclosure was prepared in response to your letter of April 4, requesting such information.

It was my pleasure to present before the recent hearings. I would like to take this opportunity to commend you in the contribution you are making to large numbers of individuals who do not have the ability to help themselves. I would also like to commend you for the professionalism and dedication of your staff. Handicapped and the field of special education are indeed fortunate to have the leadership and professionalism that resides in your office in these difficult times.

Sincerely,

Alan M Hofmeister

Alan M. Hofmeister
Associate Vice President
for Research

jbs

Enclosure

Recent reports tell us that the goal of providing a free appropriate education to all handicapped children and youth has not yet been met. (SRI, GAO).

Question 1: Could you tell me what contribution research and evaluation might make towards reaching that goal?

Response: The implementation of 94-142 is reaching a turning point. Most of the administrative practices necessary to support a free, appropriate education to all handicapped students and youth are in place. We now face the demanding challenge of providing quality programs within this administrative structure. The concept of appropriate education clearly has a qualitative dimension to it. The development and validation of replicable, high quality interventions is, of course, a major goal of research and evaluation in education. Without such research and evaluation, we will never achieve appropriate education.

Question 2: What is the federal role in facilitating those contributions?

Response: The lessons from history are clear. Individual states have not and cannot mount and coordinate the types of research and evaluation efforts necessary to develop highly effective, valid, and replicable intervention programs. This is clearly a federal role. If it is not a federal role, it will not be done, and a significant portion of the population will lose the citizenship through denial of an appropriate education.

As you know, there are currently no new special studies being funded out of Special education programs.

Question 3: What will the impact be?

Response: Our concern at this point is not how many individuals are being served so much as how well are they being served? This is a comlex and critical evaluation question. Without high quality, well coordinated evaluation studies, 94-142 could result in a shallow administrative facade behind which the quality of life of the handicapped remains the same or could even become diminished.

Question 4: What effect do you feel the Administration's proposed reduction of $1.2 million for FY '84 in research funding would have, if approved by Congress?

Response: SEP has an excellent record for being able to mount R&D programs that result in a significant improvement in the quality of life for large numbers of handicapped individuals. For this reason, we can anticipate, since this is a significant reduction in funds, a significant reduction in the quality of life of large numbers of handicapped individuals. It is unfortunate that not all federal programs can show such a strong positive correlation between dollars spent and improvement in the quality of programs. For this reason, it would be most unfortunate to restrict the effectiveness of a federal agency which has extensive unmet needs to address and which can deliver if given the resources.

Alan M. Hofmeister

Senator WEICKER. We next have Mr. Winfield McChord, the executive director of the American School for the Deaf, West Hartford, Connecticut. Mr. McChord, nice to have you here. Go right ahead.

STATEMENT OF WINFIELD McCHORD, HEADMASTER, AMERICAN SCHOOL FOR THE DEAF, WEST HARTFORD, CONN., ON BEHALF OF THE CONFERENCE OF EDUCATIONAL ADMINISTRATORS SERVING THE DEAF, AND THE CONVENTION OF AMERICAN INSTRUCTORS OF THE DEAF

Mr. MCCHORD. Thank you.

Senator Weicker, I am speaking for the Conference of Educational Administrators serving the Deaf, and the Convention of American Instructors of the Deaf, two of the three leading professional organizations, teachers of the deaf, and those who serve the deaf in an educational program.

Ironically, I have been asked to speak to part F, captioned films, which was born at the American School for the Deaf, as a result of a small grant from the Junior League of Hartford.

The major concern of our two organizations is the connotation of the term discretionary, which we feel conflicts with the perception of the field of deafness, that these programs have been considered.

Captioned films for the deaf originally was intended to serve deaf adults through the distribution of theater films, and served pretty much in the same capacity as talking books for the blind, administered by the Library of Congress. But as time passed, captioned films moved into education, began to capture educational films. We now have 1,400 educational captioned films, 100,000 films are loaned each year, 1.9 million films are used, and there are 3,500 user accounts throughout the United States. There are more than 7,000 groups of deaf adults who watch only the feature length films.

In addition, captioned films began to serve schools for the deaf, by offering projection equipment into the classrooms, and in my opinion, impacted more on the professions of deaf education than any other legislative instrument, since the early 1900's.

Captioned films has moved into broadcast technology, it has spawned the captioned films decoder and closed captioned programs. We also, through captioned films, receive training of teachers of the deaf, showing them how to use the new technologies available to them, as well as the new programs provided by captioned films.

Captioned films has also been experimenting in telecommunications. They are working now on computer supported message systems, and other approaches that make use of the telephone as an instrument of access, rather than a barrier to the deaf population.

Our organizations feel in order to preserve the integrity of the captioned films, there should be an amendment. The captioned films program is intended for deaf children and deaf adults, as opposed to just deaf children, as would normally be assumed by the title, Education for the Handicapped.

In the last few years the administration has been promoting the concept of internal block grants which could be reallocated at the discretion of the Secretary. We feel a separate legislative authority would help protect the continuation and growth of the captioned films program.

Captioned films is also viewed by deaf persons as a service program, rather than a research and demonstration program, or any other type of program which might be appropriately deemed as discretionary.

Therefore, a separate authorization would clarify that matter.

During the past 4 years the total program funding for part F has been reduced from $19 million to $11.5 million. A separate authorization and appropriation might provide better visibility for the captioned films program in the authorization and appropriation process.

The captioned films program is the only program funded which provides direct services to a broad range of deaf persons, from child to adult. Most other programs are serving a narrower band of deaf consumer needs.

We feel, therefore, that a separate authorization could protect the integrity of that program. Without captioned films for the deaf there would be no educational films for hearing impaired children, there would be no captioned general interest films, and there would be no captioned television.

The possibility of expanding these into electronic media certainly makes a visually oriented population of hearing impaired children and adults able to find access to the benefits of society, that would have been precluded otherwise.

I have attached, therefore, to this statement a proposed amendment to EHA, to establish separate authority for captioned films, in order to reduce the discretionary aspect.

Senator WEICKER. Well, let me say one thing to you. I am 100 percent with you on the captioned films. I think you people have done a great job with the schools. How can I put this to you in layman's language?

Well, a lot of times you will see my colleagues attach amendments to the bill on the floor, which they consider to be veto-proof. I am not so sure that I want to take captioning out, because it strengthens our hand in the overall. It does obviously have enormous impact on a great number of people. It might be tempting, if you will, to go ahead and fund captioning separate from the others.

I am all for what you are trying to do. I am just trying to say that this is an area of service which is becoming more and more popular with the American people, being more and more utilized by more and more Americans, and it is something that Americans who are not handicapped, are all for. So you are developing a constituency there, and I think I will let you have that constituency, not just on captions, but on other items. That is the point that I am trying to make.

I am sorry , go ahead.

Mr. MCCHORD. That is the conclusion of my statement.

[The prepared statement of Mr. McChord follows:]

TESTIMONY BEFORE THE SENATE SUBCOMMITTEE ON THE HANDICAPPED REGARDING REAUTHORIZATION OF THE EDUCATION FOR THE HANDICAPPED ACT

Mr. Chairman and members of the Subcommittee, I am Winfield McChord, Jr., Headmaster of the American School for the Deaf located in West Hartford, Connecticut. I am presenting testimony related to Part F, Instructional Media for the Handicapped, on behalf of the Conference of Educational Administrators Serving the Deaf (CEASD) and the Convention of American Instructors of the Deaf (CAID).

It is my pleasure to address this topic since, as you may be aware, the Captioned Films Program, which is funded through Part F of the Education of the Handicapped Act, was begun at the American School for the Deaf with the help of a grant from the Junior League of Hartford. That this hearing on discretionary programs under the EHA includes the Captioned Films Program is itself a source of concern to many in our field. The very connotation of the term "discretionary" is in conflict with the perception in the field of deafness that these programs have been, are, and should be service programs of a nondiscretionary nature.

The Captioned Films Program was originally intended to serve the adult deaf population through provision of subtitled (captioned) films of a general interest nature (including cultural and entertainment films). Subsequently, the authority was expanded to provide educational captioned films to the deaf student population, and extended the services so that other forms of media were covered. In concept, it is not dissimilar to the much larger Talking Books for the Blind Program administered by the Library of Congress.

As a result of the support for the Captioned Media Program by Congress, a collection of more than 1,400 educational captioned films has been established and is circulated on a free loan basis to educational programs which serve deaf students. More than 100,000 film loans are made each year, providing for more than 1.9 million film viewings. The distribution of these films is supported by both federal dollars and through in-kind subsidies by 58 schools or agencies thoughout the United States that house and circulate the materials. Approximately 3,500 user accounts (other schools and programs) borrow the films and share in the cost of postage.

As a result of this program, more than 7,000 groups of deaf adults have been established for the purpose of borrowing and viewing general interest captioned films. These groups have formed to purchase projection equipment from their own funds and to cover the costs of return postage for films borrowed. More than a million viewings of these general interest films occur each year.

In recent years, as a result of this program, closed caption television has become a reality, expanding the world as viewed through television to the deaf population. More than 70,000 closed-caption decoders have been sold to deaf persons. It is estimated that more than 250,000 deaf persons are regular viewers of closed-caption television.

As a result of this program, substantial support has been provided to the educational process for deaf students. Teachers have been trained in the utilization and develpment of media in the educational process for deaf students. Materials in a variety of media types were made available through the program. Overhead projectors were acquired and distributed to classrooms for deaf students along with other materials in an effort to substantially impact on the richness of the instructional environment. These latter types of services have long been discontinued as a result of the discretionary nature of the program, yet there is rapid turnover in the teacher force, and the need for training and exposure to effective audiovisual instructional techniques.

As a result of this program, a variety of telecommunications capabilities have been under development which will make the society more accessible to deaf persons. These include computer supported message systems and other approaches to making the telephone an instrument of access rather than a barrier to societal participation by deaf persons.

Mr. Chairman, our organization is interested in obtaining your support, and that of your colleagues, for establishing a separate legislative authority for the Captioned Films Program. May we share these reasons:

1) The Captioned Film Program is intended for both children and adults. The Education for the Handicapped Act has a primary focus on discretionary services to handicapped students. A separate authority would, in our opinion, better emphasize and protect the interests of deaf adults.

2) There have been various proposals in the last years, submitted by the administration, calling for the establishment of internal block

grants which could be reallocated at the discretion of the Secretary. Establishing a separate legislative authority would help protect the continuation and growth of the Captioned Films Program.

3) The Captioned Films Program has always been viewed by deaf persons and educators of the deaf as a service program, not a research and demonstration program or other type of program which might appropriately be viewed as discretionary. A separate authorization would clarify this matter.

4) During the past four years the total program funding for Part F has been reduced from $19 million to $11.5 million. There is indeed concern that services might be significantly reduced at a time when great strides could be made to promote the accessibility of television and the adaptation of new technologies to meet the needs of the deaf. A separate authorization and appropriation might provide better visibility for the Captioned Films Program in the authorization and appropriation process.

5) The Captioned Films Program is the only program funded which provides direct services to the broad range of deaf persons, from child to adult. Other of the important programs for the deaf funded thorugh the Congress address the needs of some narrower band of deaf consumer needs. We believe that a separate authorization could protect the integrity of this program.

6) It is generally believed in the field of deafness that the Part F programs have been divided for administrative purposes between two divisions within the Special Education Programs and there is concern that this will lead to destabilization in the conduct of the program.

Mr. Chairman, without the Captioned Films Program there would be no educational films for deaf students, there would be no captioned general interest films, there would be no captioned television. I am sure, Mr. Chairman and members of the Subcommittee, that the extent of our own dependence on the electronic media is clear to you.

Without this program the deaf individual would be substantially isolated from the broader society and its values. The access that we have been able to provide through this program is still far short of what is available to the general public.

In conclusion, Mr. Chairman, I am reminded that the deaf community has long been considered a "silent" minority with an "invisible" disability. Deafness is indeed one of the most difficult disabilities with which to cope, and with which to attain success in today's world.

I have attached to this statement a proposed amendment to the EHA, and further explanation, which we believe would help to achieve and preserve the values which I have tried to discuss with the Subcommittee today. Deaf people do not look upon the Captioned Films Program as "discretionary" in any sense. We ask the Subcommittee to reassure the deaf community, and reaffirm that these programs will not only continue, but will not be diminished.

Thank you for your attention and concern.

Attachment to testimony of the Conference of Educational Administrators Serving the Deaf before the Senate Subcommittee on the Handicapped regarding Reauthorization of the Education of the Handicapped Act, March 21, 1983, presented by Winfield McChord, Jr., Headmaster, American School for the Deaf, West Hartford, Connecticut.

Proposed Amendment

CAPTIONED FILMS AND RELATED SERVICES FOR THE DEAF AND OTHER HANDICAPPED INDIVIDUALS

STATEMENT OF FINDINGS

Sec.   The Congress hereby finds that--

(1) the Federal Government has a responsibility to promote the general welfare of deaf and other handicapped individuals by adapting, producing, and distributing existing media and materials in a way which assures broader accessibility for such individuals;

(2) the adaptation and distribution of media for handicapped individuals will provide enriching educational and cultural experiences for such individuals, and should contribute to their understanding of and participation in their environment; and

(3) in order to promote accessibility to adapted media and materials for educational purposes, distribution of such new technologies should not be limited to handicapped individuals but should be extended to teachers, parents, employers, and other persons directly involved in the advancement of handicapped individuals.

ESTABLISHMENT OF SERVICES

Sec. (a) The Secretary shall establish a free loan service of Captioned Films and educational media for the deaf, for the purpose of making such materials available in the United States for nonprofit purposes to handicapped individuals, parents of handicapped individuals, and other persons directly involved in activities for the advancement of the handicapped, in accordance with regulations prescribed by the Secretary.

(b) The Secretary is authorized to---

(1) acquire films (or rights thereto) and other educational media by purchase, lease, or gift;

(2) acquire by lease or purchase equipment necessary to the administration of this title;

(3) provide, by grant or contract, for the captioning of films for the deaf;

(4) provide, by grant or contract, for the distribution of captioned films and other media for the deaf and other educational media and equipment through State schools for the handicapped and such other agencies as the secretary may deem appropriate to serve as local or regional centers for such distribution;

(5) provide by grant or contract, for the conduct of activities related to the use of educational and training films and other educational media for the handicapped;

(6) utilize facilities and services of other governmental agencies; and

(7) accept gifts, contributions, and voluntary and uncompensated services of individuals and organizations.

ADMINISTRATION OF TITLE

Sec. The provisions of this title shall be administered by the Secretary, acting through the Assistant Secretary for Special Education and Rehabilitation Services.

Sec. There are authorized to be appropriated $17,500,000 for fiscal year 1984, and such sums as may be necessary for each succeeding fiscal year, for the provision of services under this title. Such sums shall be available without fiscal year limitation.

EXPLANATION

This amendment would remove section 652 from the Education of the Handicapped act, and establish it as indefinite, independent authorization administered by the Secretary of Education through the Assistant Secretary for Special Education and Rehabilitative Services. The rationale and purpose is to recognize the importance of the distribution of captioned media and other adapted materials for the deaf and other handicapped individuals for educational and cultural purposes, by specifying that it continue indefinitely as a federal responsibility. This responsibility was originally recognized in 1958 when Congress established the Captioned Films for the Deaf Program in Public Law 85-905. This amendment establishes the distribution of captioned media and other adapted materials, as something different from the traditional discretionary programs. The removal of section 652 from EHA is intended also to emphasize the availability of these distribution services to all ages of handicapped persons, not just to school aged handicapped children, and to affirm that these distribution services also be accessible to those who are involved with handicapped individuals.

This amendment does not affect the research, developmenmt, and evaluation of captioned media and other adapted materials authorized under section 653 of EHA, or the authorization of appropriations for such activities.

The amendment, although limited to the distribution of captioned media and other adapted media, defines distribution broadly to give the Secretary maximum flexibility. For example, the amendment establishes a loan service of captioned films and educational media for the purpose of making such materials available in the United States for nonprofit purposes to handicapped individuals, parents of the handicapped individuals, and other persons directly involved in activities for the advancement of the handicapped, in accordance with regulations prescribed by the Secretary. The amendment lists the processes by which the Secretary is authorized to acquire films and other educational media; provide training related to the use of educational media for the handicapped; utilize the facilities and services of other government agencies; and accept gifts, contributions, and voluntary and uncompensated sevices of individuals and organizations.

FURTHER OBSERVATIONS

Captioned Films has been a service designed to meet a specific communication deficit of the hearing impaired. The basis on which the rights to distribute films is negotiated includes the premise that deaf viewers, borrowing films at no charge, will not reduce the audience for films in commercial theaters. This amendment would remove any question that captioned films should be loaned to other audiences.

It would remove a means of assisting deaf persons in the use of new technology if the language of the amendment was interpreted so narrowly as to exclude the exploration of new technology in making educational and cultural information accessible to deaf persons. SUCH EXPLORATION IS specifically included by this amendment.

Since deaf persons make a substantial investment in the technology for viewing captioned films or television, any establishment of rental or usage fees for the viewing of films/video materials would be unjust. Deaf persons must currently organize to purchase viewing equipment and must pay return postage for borrowed films. Charges for rental and usage fees are not authorized by this amendment.

In order to promote the effective utilization of captioned materials, it may be appropriate from time to time to develop original materials. If the language of the amendment were interpreted narrowly, the development of needed materials might be precluded. Such development is specifically permitted.

It is important that teachers, parents, and others concerned with advancing the interests of the handicapped have access to the educational materials and media available through this program. However, this amendment does not

Senator **Weicker**. Well, I thank you very, very much for your statement, and also for the expert services that are being provided at the American School for the Deaf.

That will conclude this set of hearings, and the committee will stand in recess.

Thank you very much.

[Whereupon, at 11:38 a.m., the subcommittee adjourned, subject to the call of the Chair.]

OVERSIGHT OF THE VOCATIONAL REHABILITATION ACT AND THE EDUCATION OF THE HANDICAPPED ACT, 1983

WEDNESDAY, MARCH 23, 1983

U.S. SENATE,
SUBCOMMITTEE ON THE HANDICAPPED,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:30 a.m., in room SD-430, Dirksen Senate Office Building, Senator Lowell Weicker, Jr. (chairman of the subcommittee), presiding.

Present: Senators Weicker and Thurmond.

OPENING STATEMENT OF SENATOR WEICKER

Senator **WEICKER**. The subcommittee will come to order.

Today, we continue our review of the discretionary programs under the Education for the Handicapped Act. These discretionary programs were designed to complement the body of the law by targeting areas that deserve special consideration. From research to early childhood development, to personnel preparation, these programs have offered a support and demonstration system to insure that a comprehensive range of services is available for all handicapped children.

The Federal commitment to these discretionary programs enables successful implementation of the act. I look forward today to reviewing the accomplishments of these programs and considering changes so that we can be even more effective in meeting the educational needs of the handicapped.

Now, I would ask at the outset that all witnesses please restrict their oral testimony to 5 minutes or less; all statements will be included in their entirety in the record. The reason for the request is not lack of interest on the part of the chairman or the staff or the members of this subcommittee, but rather to accommodate all in the sense of their being heard, and in the sense of also leaving opportunity for questions to be asked. And if one person steps very far over the line, it does a disservice to all the other witnesses who are scheduled to appear before the committee. Believe me, the difficult spot that it puts the chairman in is that the cause which all of you articulate is one that deserves to be heard for hours on end by all the people in this country, and it puts me in the awkward position of having to cut witnesses off, and I do not want to be put in that position. It is just a matter of courtesy to your fellow workers in the field to have the opportunity to articulate the hopes and the aspirations of the various constituencies that they represent.

So I really would appreciate it if you could stick to the time limitations.

I understand, incidentally that we are all set with the interpreter, and that is good.

I have the honor, incidentally, before we start, of introducing some young people who, as I understand it, are here as the result of the work of the Close-Up Foundation, which brings 15,000 high school students per year to the District of Columbia, to the Capitol, for 1 week of seminars on government. This week, we have about 70 students from Penn State, and I wonder if those students who are here with Close-Up might stand up so that we might recognize them. [Applause.]

It is a great pleasure to have you here.

We will begin with our first panel—Mr. Robert R. Lauritsen, the division manager of the St. Paul Technical Vocational Institute, and Dr. Thomas Bellamy, director of the specialized training program for the University of Oregon who will speak to us about secondary and post-secondary education programs.

It is a pleasure to have you here, and I see we have a third gentleman with us, and I wonder if that third individual might also introduce himself. I know Dr. Bellamy, and I see Dr. Lauritsen. Who is the other gentleman we have here with us?

Mr. LAURITSEN. The gentleman with me is Mr. Eric Blumenfeld from Westport, Conn. He is a student at St. Paul Technical Vocational Institute.

Senator WEICKER. Good. He is very welcome, indeed, and it is nice to have him join us.

Dr. Bellamy, of course, I had the opportunity of hearing you testify in Hartford 2 years ago, very eloquent testimony, I might add, while I was just at the outset of being educated in this whole area, and you clearly contributed greatly to that education. It is nice to have you here today.

Dr. BELLAMY. Thank you, Senator.

Senator WEICKER. Now, I do not know how you gentlemen care to proceed, but you handle it in any way you deem fit.

STATEMENT OF DR. ROBERT R. LAURITSEN, DIVISION MANAGER, ST. PAUL TECHNICAL VOCATIONAL INSTITUTE, ST. PAUL, MINN., AND DIRECTOR, REGIONAL EDUCATION PROGRAM FOR DEAF STUDENTS; AND DR. THOMAS G. BELLAMY, DIRECTOR, SPECIALIZED TRAINING PROGRAM, UNIVERSITY OF OREGON, AND ASSISTANT PROFESSOR OF SPECIAL EDUCATION AND REHABILITATION.

Mr. LAURITSEN. I would be happy to start, Mr. Chairman.

My name is Bob Lauritsen, director of the regional program for deaf students at St. Paul TVI. I am also the hearing son of deaf parents. I am pleased to speak on behalf of regional education programs.

I am very delighted that this subcommittee has arranged for the interpreter, Bob Chandler, and I am also pleased to report to you that Bob Chandler was an intern at St. Paul TVI while a graduate student at Gallaudet College.

Regional education programs for deaf and other handicapped persons grew out of initiatives of the Bureau of Education for the Handicapped and the Rehabilitation Services Administration. These two agencies responded to many priorities of the mid-sixties that emphasized the need for one National Technical Institute for the Deaf and regional post-secondary schools for the deaf in integrated settings.

Regional education programs became a reality through research and demonstration grants in 1968 and 1969. For 5 years, we developed fully integrated, mainstreamed programs in institutions that historically served hearing students only. We established support service systems. We were breaking down discrimination barriers toward handicapped persons. We found that large numbers of deaf persons were getting success in environments that historically had served only hearing persons.

We needed to continue our programs in 1974, so we undertook a very exhaustive search for funding. We looked for about 2 or 3 years, and the only way we found to continue our program was through Federal legislation. We were very pleased that Congressman Al Quie of Minnesota took the lead and became a major author of the legislation that we are addressing today.

The initial intent of the legislation was for deaf students. Since that time, the program has expanded to include other disability groups. Twenty-nine additional grants have been awarded. Of these 29, 7 have been in the field of deafness and 22 for other populations.

We feel that this comittee should take great pride in the results of regional education programs. Deaf persons and other handicapped populations have really penetrated postsecondary education barriers. But we feel there are three realities that must be faced. First, program accessibility for handicapped persons has increased much more than funding accessibility. Second, deafness and some other handicapping conditions are low-incidence handicaps and should be dealt with as national priorities. The regional approach provides a critical mass of students, a consortium of specialized programs, and permits concentration of resources. A third reality, one that we faced in 1974, is that the majority of States cannot maintain specialized programs over time and cannot pick up the costs of specialized programs after Federal funding is exhausted.

Our programs—the ones in the field of deafness—provide training in one technical vocational institute, two community colleges, and a university. Each program maintains a minimum support service system that includes a preparatory or orientation program, counseling, interpreting, note-taking, tutoring, auditory training, and other related services. Our training offers peer group support and offers training that leads to jobs.

Regional education programs have broken the stereotype that deaf persons faced in jobs from 1817 to the late 1960's. We have trained over 3,500 deaf persons in more than 200 career areas.

We feel that we are cost-effective programs; with the minimum Federal investment of dollars, we buy full access into host institutions that currently have about $835 million in costs and annual operating budgets. We also are able to maintain state-of-the-art training for technology. Over the years, we have done a number of cost-effectiveness studies, and we find that on average, our graduates will repay the excess cost for training through Federal taxes paid in 2 years.

Members of this committee are very well-informed about the rubella bubble. We have conducted our own study, and our findings are very similar to what you have. We know that the rubella bubble is real. We feel that 86 percent of high school graduates over the next few years will be seeking postsecondary training; that 63 percent will seek 2-year postsecondary training, and that a minimum of 75 percent of all students will need some kind of specialized support system that the regional education programs offer.

Mr. Chairman, there are thousands of young deaf persons like Eric Blumenfeld here. Eric is a product of a mainstream program in Connecticut. Upon graduation from high school, Eric attended Northwestern Community College in Winstead, Conn. He withdrew after one semester. For 2 years, Eric went from job to job, seeking job satisfaction and a career. He found neither. Gallaudet College and NTID were not viable alternatives for Eric. After an extensive search, Eric selected St. Paul TVI. He began his studies in 1981. The course offerings and the friendships he has developed and the support services have provided Eric the chance to enjoy success.

Eric has with him some of the things he has made at TVI. These are things that are going to be used in our technological society. These are things that form the basis for Eric to go on, earn his living, be it Connecticut, be it some other place. He will find success in life because of the training he has received, and it is these regional education programs that have made that possible.

Senator **Weicker**. Thank you very much.

[The prepared statement and additional material of Mr. Lauritsen follow:]

Testimony
In Support of
Education for the Handicapped Act
with emphasis on
Regional, Vocational, Adult and Post-Secondary Programs

Before the
United States Senate
Subcommittee on the Handicapped

The Honorable Lowell Weicker Jr., Chairman
March 23, 1983
by
Robert R. Lauritsen, St. Paul Technical Vocational Institute

BEST COPY AVAILABLE

Mr. Chairman. My name is Bob Lauritsen. I am Director of the Regional Education Program for Deaf Students at St. Paul Technical Vocational Institute (St. Paul TVI). I am also the hearing son of deaf parents. I am pleased to speak on behalf of Regional Education Programs.

THE INTENT OF SECTION 625

Regional Education Programs for deaf persons and other handicapped persons grew out of initiatives of the Bureau of Education for the Handicapped and the Rehabilitation Services Administration. These two agencies responded to ~~national~~ many priorities of the mid-1960's that emphasized the need for one National Technical Institute for the Deaf, and regional post-secondary schools for the deaf in integrated settings.* (The National Technical Institute for the Deaf became a reality in June 1965) Regional Education Programs became a reality in 1968-69 through five year Research and Demonstration grant awards. Regional Education Programs pioneered in fully integrated/mainstreamed post-secondary education settings. Support service systems were established. Discrimination barriers towards handicapped persons were broken down. Large numbers of deaf students found success in predominantly hearing environments. An exhaustive funding search was undertaken to maintain these programs at the expiration of grant monies. The only solution was federal legislation. Congressman Al Quie was the major author of the legislation. The original intent of this legislation was to provide regional programs for deaf students. The Program has since expanded to include other disability groups. Four Regional Education Programs for Deaf Students have been maintained since 1975. Twenty-nine additional grants have been awarded. Of these 29 awards, 7 have been made for deafness, and 22 awards for other handicapped populations.

*The Babbidge Report, National Workshop on Improved Opportunities for the Deaf, The Alexander Graham Bell Association, The Conference of Executives of American Schools for the Deaf, the Council for Exceptional Children, the U.S. Senate Committee on Labor and Public Welfare plus numerous government officials expressed the same need.

BEST COPY AVAILABLE

THE IMPACT OF SECTION 625: THREE REALITIES

This committee can take pride in the results of Regional Education Programs. Deaf persons, and other handicapped populations have penetrated post-secondary education barriers. There are three realities that must be faced. First, program accessibility for handicapped persons has increased more rapidly than funding for program accessibility. Second, deafness and some other handicapping conditions are low incidence handicaps and should be dealt with as National priorities. The Regional approach provides a critical mass of students, provides a national consortium of specialized programs, and permits concentration of resources. A third reality is that the majority of states cannot maintain specialized programs over time, and cannot pick up the costs of specialized programs after federal grant dollars expire.

A BRIEF PROFILE OF REGIONAL EDUCATION PROGRAMS

Regional Education Programs for Deaf Students provide training in one technical vocational institute; two community colleges and a university. Each program maintains a minimum support service system that includes a preparatory or orientation program, counseling, interpreting, notetaking, tutoring, auditory training, and other related services. Regional Education Programs offer strong peer groups and training that leads to jobs. Regional Education Programs have broken the stereotyped jobs that faced deaf people from 1776 to the late 1960's. Over 3500 deaf persons have been trained in more than 200 career areas.

COST-EFFECTIVENESS OF REGIONAL EDUCATION PROGRAMS

Regional Education Programs are cost-effective. First, the Federal investment of $2,287,000 in 1982 in four programs brought full access into host institutions that have physical plant costs and annual operating budgets of $835,000,000. In our technological society schools such as St. Paul TVI provide state of the art training for current and emerging technologies. A second area of cost-effectiveness

BEST COPY AVAILABLE

is the return of federal tax dollars paid by graduates. On average TVI graduates repay the excess cost for training through federal taxes paid in two years.

1983-1986 THE CRITICAL YEARS

Members and staff of this sub-committee are well informed about the Rubella bubble. St. Paul TVI conducted a survey of projected secondary school graduates for 1982-1986. This survey compares favorably with other similar studies. The TVI study shows the rubella bubble is real; that 86 percent of high school graduates will seek post-secondary training; that 63 percent will seek two year post-secondary training; and that a minimum of 75 percent of deaf students seeking training will require specialized education and/or support services.

ONE REGIONAL EDUCATION PROGRAM STUDENT - - - ERIC BLUMENFELD, WESTPORT, CONNECTICUT

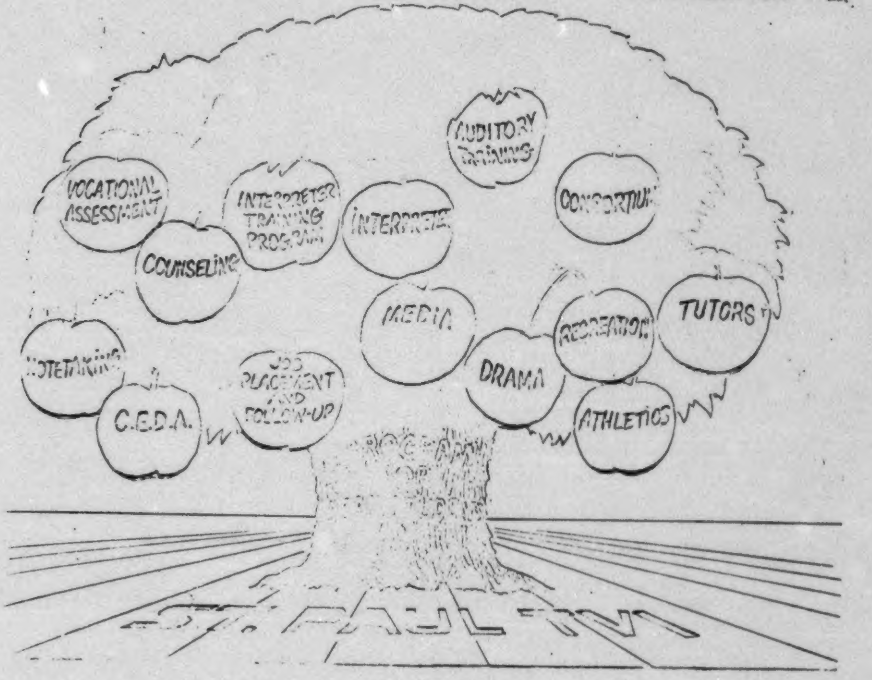
There are thousands of young Deaf Americans like Eric Blumenfeld of Westport, Connecticut. Eric is a product of a mainstreamed pre-school-12 program. Upon graduation from high school Eric attended Northwestern Community College, Winstead, Connecticut. He voluntarily withdrew after one semester. For two years Eric went from job to job seeking job satisfaction and a career. He found neither. Gallaudet College and NTID were not viable alternatives. St. Paul TVI provided the best possible option. Eric began his studies at St. Paul TVI in Dec. 1981. The educational offerings, peer group support and support services for deaf students have provided Eric the opportunity to enjoy success. The skills Eric is acquiring will prepare him for a job, and his own personal place in our society. Regional Education Programs have made this possible.

BEST COPY AVAILABLE

APPENDIX

1. Support Service Model
2. Profit Statement
3. Loss Statement
4. Major Areas of Study
5. St. Paul TVI Rubella Survey
6. Brief Summary of Post Secondary Programs for the Deaf
7. Critical Mass - A Definition

SUPPORT SERVICE MODEL


AUDITORY TRAINING
CONSORTIUM
VOCATIONAL ASSESSMENT
INTERPRETER TRAINING PROGRAM
INTERPRETER
COUNSELING
MEDIA
RECREATION
TUTORS
NOTETAKING
JOB PLACEMENT AND FOLLOW-UP
DRAMA
C.E.D.A.
ATHLETICS
PROGRAM
ST. PAUL TVI

ST. PAUL TVI
PROFIT STATEMENT

	1974	1979	1984 Projected
Number of Grads	225	579	1,054
Earnings	$3,570,000	$21,183,240	$85,382,440
Federal Tax	856,800	6,354,972	25,614,732
Federal $ to Provide Training	767,000	2,517,405	6,267,405
"PROFIT"	89,800	3,837,567	19,347,327
% of Return	8½%	152%	308%

THESE FIGURES DO NOT INCLUDE NON-GRADS, MANY OF WHICH RECEIVED SUBSTANTIAL TRAINING AND ARE WELL EMPLOYED.

For the 1979 figures it is estimated there are an additional 130 individuals who matriculated at St. Paul TVI that did not graduate but who are gainfully employed. We also estimate there are 130 individuals who matriculated at TVI that are homemakers, unemployed, continuing education or seeking jobs.

BEST COPY AVAILABLE

NEED STATEMENT
WELFARE COSTS FOR 475 NON-STUDENTS
1979 - 1983

YEAR	ACCUMULATED NO. OF GRADS	TOTAL PROJECTED COSTS FOR ALL GRADUATES Monthly	Annually		
1979	95	$ 42,092	$ 505,104	$ 8,416,788	Projected welfare costs for 475 individuals for one regional education program.
1980	190	86,279	1,035,348	31,667,152	Projected welfare costs for 1900 individuals for four Regional Education Programs.
1981	285	135,875	1,630,500	6,312,591	Projected welfare costs for 356 individuals (75%) for one Regional Education Program.
1982	380	190,023	2,280,276	25,250,364	Projected welfare costs for 1424 individuals (75%) for fou Regional Education Programs.
1983	475	247,130	2,965,560	4,208,394	Projected welfare costs for 237 individuals (50%) for one Regional Education Program.
5 Year Total		$701,399	$8,416,788	$16,833,576	Projected welfare costs for 948 individuals (50%) for fou Regional Education Programs.

PERSONS THAT ARE EMPLOYED WITHOUT POST-SECONDARY TRAINING TEND TO BE UNDEREMPLOYED

BEST COPY AVAILABLE

MAJOR AREAS OF STUDY

A-C Tech
Accounting
Accounting/Bookkeeping
Administration and Supervision
Aircraft Maint / Tech
Anthropology
Apparel Arts
Architectural Engineer Tech
Art
Art General
Art History
Art III Dimensional
Art II Dimensional
Auto Body
Auto Mechanics
A-V Repair
Baking
Banking Finance
Biology
Bookkeeping/Clerical
Bricklaying
Building Maintenance
Business
Business Administration
Business Education
Business Training Certificate
Cabinet Making
Cafeteria Service Work
Carpentry
Central Service
Chemical Lab l Technology
Chemical Tech
Chemistry
Child Care Development
Civil Eng. Tech
Commercial Art
Communicative Disorders
Computer Science
Construction Drafting
Cook/Chef
Cooperative Mid-Management
Cosmetology
Counseling
Custom Apparel
Data Entry
Data Operations
Data Processing
Data Processing/Computer Operations
Deaf Ed
Dental Assisting
Dental Lab Tech
Design Tech
Dev. Studies
Diesel Mechanics
Drafting
Drama
Dry Cleaning
Early Childhood Ed.
Earth Science
Economics
Education Administration
Education Psychology
Electricity
Electro Mechanical Technology
Electro Eng. Tech
Electronics
Elementary Ed.
Engineering
Engineering Graphics
English
English as a Second Language
Environmental Tech
Exceptional Child
Farm Management
Finance
Fine Arts
Floristry
Food Service Aid
Food Services
Food Tech
Forestry
Forest Harvesting
General Arts
General Business
General Clerical Studies
General Math and Technology
General Office Practice
    Clerk Typist
    Figure Clerk
    File Clerk
    General Clerk
GED
Geology
Graphics
Graphic Arts
Health Ed
Health Science
Highway Technology
History
Home Economics
Horology
Horticulture
Hotel and Restaurant Cooking
Humanities
Industrial Arts
Industrial Hydraulics
Inhalation Therapy
Interior Design
Journalism
Key Punch
Kitchen Helping Program
Landscape Tech
Liberal Studies
Library Tech

Licensed Practical Nurse
Linguistics
Machine Shop
Machine Tech
Machine Tool Processes
MTP Precision
Machinists Tech
Management
Marine Carpentry
Marine Technology
Marketing
Mass Communication
Math
Mechanical Drafting
Medical Lab Assistant
Mobile Home Repair
Modern Wood
Motor Vechile Tech
Music
Nurse Aid
Nursing
Office Administration
Office Clerical
Office Occupations
Ophithalmic Dispensing
Optical Tech
Painting and Decoration
Pan African Studies
Petroleum Engineering Tech
Philosophy
Physical Education
Physical Science
Physical Therapy
Physics
Photography
Photo Tech
Photo Typesetting
Plastics Tech
Plumbing
Political Science
Poodle Groomer
Power Sewing
Printing Tech/GA
Production Art
Production Machine
Production Sheet Metal
Psychology
Public Administration
Radio TV Broadcasting
Radio TV Film
Reading and Math
Recreation
Recreation Tech
Religious Science
Respiratory Care Tech
Science
Sec. Ed
Sec. Studies
SERVE
Sheet Metal
Small Engine Repair
Social Human Services
Sociology
Solar Energy
Special Education
Speech Communication
Steam Engine
Tailoring
Theater
Tool and Die
Traffic Exploration
Trailer/Camper Rebuild
Truck Driving
Truck Mechanics
Upholostery
Watchmaking
Water And Waste Tech.
Welding
Developmental Majors:

- Dev. Basic
- Dev. Business
- Dev. Cabinetmaking
- Dev. Chemical Tech
- Dev. Electricity
- Dev. Electronics
- Dev. GOP
- Dev. Keypunch
- Dev. Machine Shop
- Dev. MTP
- Dev. Medical
- Dev. Welding

ST. PAUL TVI RUBELLA SURVEY

SPRING 1982

CHART I

Number of Deaf and Hard Of Hearing Graduates

	1982	1983	1984	1985	1986	TOTAL
Projected	3679	6968	6721	5655	3952	26,975

Estimated Number of Graduates that will seek Post-Secondary Education at Less than the Baccalaureate Level

	1982	1983	1984	1985	1986	TOTAL
Projected	2652	4264	5005	3419	1807	17,147

Estimated Number of Graduates that will seek Post-Secondary Education at the Baccalaureate Level

	1982	1983	1984	1985	1986	TOTAL
Projected	949	1742	1365	1209	728	5,993

Estimated Number of Graduates that will seek Post-Secondary Education at both Less than the Baccalaureate Level and Education at the Baccalaureate Level

	1982	1983	1984	1985	1986	TOTAL
Projected	3185	5993	6357	4485	3120	23,140

Estimated Number of all graduates seeking Post-Secondary Education that will require either the Educational Model of Gallaudet College or NTID or one or more Supportive Services of the St. Paul TVI Model in order to have a successful Post-Secondary Education Experience. Note: Supportive Services include: (1) Preparatory Program or Special Orientation (2) Counseling (3) Interpreting - oral or manual (4 Notetaking (5) Tutoring (6) Auditory Training (7) Specialized Media (8) Socialization/Recreation Programs.

	1982	1983	1984	1985	1986	TOTAL
Projected	2457	4745	4888	3510	1963	17,563

BEST COPY AVAILABLE

FIVE SUMMARY STATEMENTS ON TVI'S RUBELLA SURVEY

THE RUBELLA BUBBLE IS DRAMATIC FOR 1983, 1984, AND 1985.

63% OF DEAF AND HARD OF HEARING GRADUATES WILL SEEK POST-SECONDARY EDUCATION IN TWO YEAR PROGRAMS.

22% OF DEAF AND HARD OF HEARING GRADUATES WILL SEEK POST-SECONDARY EDUCATION AT THE BACCALAUREATE LEVEL.

86% OF DEAF AND HARD OF HEARING GRADUATES WILL SEEK POST-SECONDARY EDUCATION AT EITHER THE TWO-YEAR OR FOUR-YEAR LEVEL.

75% OF ALL DEAF AND HARD OF HEARING GRADUATES GOING ONTO POST-SECONDARY EDUCATION WILL REQUIRE SPECIALIZED EDUCATION AND/OR SUPPORT SERIVCES.

POST SECONDARY PROGRAMS FOR THE DEAF
1982-83 ACADEMIC YEAR

Data obtained from the
1983 Guide to College/Career Programs for Deaf Students
Publishing date - Late Spring 1983

STUDENT POPULATION	NUMBER OF PROGRAMS	
1 - 10	30	
11 - 20	32	
21 - 30	19	
31 - 50	7	
51 -100	6	
101 -200	6	(California State University at Northridge; LaPuente Valley Vocational School; Los Angeles Trade-Tech College; Ohlone College; Southwest Collegiate Institute for the Deaf; St. Paul TVI)
201 -500	0	
Over 500	2	(Gallaudet, N.T.I.D.)

Information obtained from the Center for Assessment and Demographic Studies, Gallaudet College.

CRITICAL MASS

...A MINIMUM NUMBER OF STUDENTS TO FORM A COHESIVE PEER GROUP THAT PERMITS INDIVIDUAL DIFFERENCES TO PREVAIL IN DEVELOPING ADEQUATE INTERPERSONAL RELATIONSHIPS WITHIN THE PEER GROUP; THE DEVELOPMENT AND CONFIDENCE OF SELF IN THE PEER GROUP TO COMPETE ADEQUATELY IN THE LARGER ACADEMIC AND SOCIAL ENVIRONMENT, THE HEARING ENVIRONMENT. THE PRECISE MINIMUM NUMBER OF LIKE STUDENTS TO FORM A CRITICAL MASS WILL VARY FROM PROGRAM TO PROGRAM AND WILL BE DIRECTLY DEPENDENT UPON THE SIZE OF THE HOST INSTITUTION.

Robert R. Lauritsen
2020 Charlton Ridge
West St. Paul, Minnesota 55118
(612) 457-4140

CURRENT JOB TITLE:	Division Manager, Special Needs Programs St. Paul Technical Vocational Institute (St. Paul TVI)
BRIEF JOB DESCRIPTION:	Director of St. Paul TVI's several Programs for Deaf Students. Additionally manages programs for all handicapped, disadvantaged and special population. Responsible for all administrative duties including local, state and federal reports; budgets; personnel; program management and development.
BRIEF SUMMARY OF WORK HISTORY:	Division Manager, Special Needs, St. Paul TVI, 1969 to present. State of Minnesota, Division of Vocational Rehabilitation, Consultant-Deaf and Hard-of-Hearing 1962-1969. Dayton's St. Paul, Retail Merchandising 1959-1962. State of Minnesota, Department of Public Welfare, Services for the Deaf, Counselor, 1957-1959.
MILITARY EXPERIENCE:	U.S. Marine Corps, Helicopter Pilot, Rank of Captain, Active Duty and Reserve Duty, 1954-1963.
EDUCATIONAL BACKGROUND:	St. Olaf College 1950-1952. University of Minnesota, B.A. Major Economics 1954 University of Minnesota M.A. Speech Sciences, Pathology and Audiology 1969 In excess of 36 graduate credits beyond M.A.
CURRENT ORGANIZATIONS:	Minnesota Association for Deaf Citizens American Deafness and Rehabilitation Association (Past President, P.R.W.A.D.) Registery of Interpreters of the Deaf; National and Minnesota Chapter Member, Minnesota Council on the Handicapped Governor Appointee Member, Task Force for the Hearing Impaired, Minnesota Division of Vocational Rehabilitation Sertoma Club, International Conference of Educational Administrators Serving the Deaf; Chairman, Career Education Committee Convention of American Instructors of the Deaf Council of Directors

American Vocational Association

Minnesota Vocational Association

Minnesota Foundation for Better Hearing and Speech, President

PAST ORGANIZATIONAL ACTIVITIES:

Past organizational activities include active participation in the Professional Rehabilitation Workers with the Adult Deaf, Council of Organizations serving the Deaf, Minnesota Easter Seal Society, Ephphatha Missions of the American Lutheran Church, original advisory Board of the Communication Skills Program of the National Association of the Deaf, Advisory Committee for the University of Illinois RSA Project on Interpreting and a variety of other local, state and national organizations.

Received the NRCA Elkins Counselor of the Year Award 1965; Man of the Year Award, Special Services Recognition, University of Wisconsin-Stout, 1971; Minnesota Jr. National Association of the Deaf, 1972; Special Leadership Award, St. Paul TVI, 1979.

Sign Language Instructor at numerous locations in Minnesota and Western Wisconsin; active participant in television series for deaf persons, "Now See This", KTCA, Minneapolis; served on advisory committees for studies for several Governors of Minnesota. Served as Technical Assistance consultant to several states regarding delivery of rehabilitation services and vocational education for deaf individuals.

PREPARED PAPERS, WORKSHOPS AND SPECIAL ACTIVITIES:

Approximately twenty-five prepared papers have been published in several professional journals and proceedings of state and national workshops. Graduation addresses have been presented in Minnesota, North Dakota and New York. Testimony on legislation has been presented before both Legislative Houses in Minnesota and before both the United States Senate and the United States House of Representatives. Special projects initiated include: Interim Study Projects for College Students, a special project for multi handicapped deaf adults, summer jobs for hearing impaired youth, initiation of Counselor Aides for the Deaf, Career Assessment programs for deaf youth, projects for deaf-blind persons in post-secondary education, Interpreter training, tri-lingual programs for deaf persons from foreign countries,. and special media projects for deaf persons.

PERSONAL STATEMENT:

Hearing son of deaf parents. Fluent in all communication systems used by deaf people. Committed to equality of all people, with emphasis on equality for deaf people and all other special populations.

Supplemental Testimony
In Support of
Education for the Handicapped Act
with emphasis on
Regional, Vocational, Adult and Post-Secondary Programs

For the
United States Senate
Subcommittee on the Handicapped

The Honorable Lowell Weicker Jr., Chairman

April 14, 1983

by

Robert R. Lauritsen, St. Paul Technical Vocational Institute

BEST COPY AVAILABLE

Question #1:

How would you compare the range of services provided by the federally funded post-secondary institutions with the 75 or more institutions (1981, a Guide to College/Career Programs for Deaf Students) which also provide post-secondary programs for deaf students?

Response:

The 1983 Guide to College/Career Programs for Deaf Students which is scheduled for publication late Spring will show 102 post-secondary programs for deaf students. Eighty-eight of these programs serve less than fifty students. Of the non-federally funded programs only three California programs serve more than 100 students. Gallaudet College, the NTID, California State University at Northridge, Seattle Community College and St. Paul TVI all serve more than one hundred students.

A critical mass of deaf students is essential to create a learning environment for deaf students. In integrated educational environments one hundred students most often form a minimum critical mass of students. Deaf students are isolated from mainstream education because of communication barriers. A critical mass of students forms a support group for students which permits individuals to develop positive self-image which in turn enhances education. Positive self-image promotes integration of deaf students with hearing students.

Critical mass provides for cost-effective minimum support services for deaf students. One interpreter, notetaker, or tutor, can provide services for multiple numbers of students in a career major. Programs that do not have a critical mass of students must provide the same kinds of support services to smaller numbers of students thus driving costs up.

Federally funded Regional Education Programs provide concentration of resources in terms of trained and qualified staff. Regional Education Programs work together cooperatively to form a national consortium of educational opportunity. Regional Education Programs serve as models for replication for other handicapped populations. Regional Education Programs are well equipped to serve a wide range of students from low achievers to high achievers. The four existing Regional Education Programs each have a minimum of fourteen years of experience. It is prudent to build on this expertise. Regional Education Programs serve the Handicapped population in general by providing learning packages for special learners, providing training for notetaking and tutoring, pioneering in ESL, and providing technical assistance. Within the field of deaf education St. Paul TVI has the reputation for serving the difficult to serve student.

There exists no accrediation procedure for programs for deaf students. Federally funded programs are subject to the scrutiny of the Office of Special Education and are required to maintain standards of excellence.

State and local funding across the United States is at a critical level. These funding crises may well affect non-federally funded programs. Historically numerous non-federally funded programs exist on tenuous and fragile funding.

St. Paul TVI has consistently utilized federal funding to secure additional funding. In 1982 St. Paul TVI expended $620,000 federal funds and was able to secure an additional $430,000. The aggregate funding in excess of $1,000,000 coupled with enormous amounts of like and kind contributions were required to maintain minimum support services for deaf students.

The United States has strong programs for K-12 school populations through the Education of the Handicapped Act and a strong program of Vocational Rehabilitation. What is needed is a strengthening of post-secondary education programs for Handicapped Americans; or a triade approach to bringing equality to Handicapped Americans. The legislative base of Regional Education Programs that are federally funded offers the opportunity to strengthen post-secondary education for not only deaf persons, but for all Handicapped Americans.

Question #2:

To what extent are the four federally funded post-secondary institutions serving,

...deaf students with multiple handicaps other than language disability.

...students with varying degrees of hearing impairment.

Response:

The four Regional Education Programs are physically located in one technical vocational institute, two community colleges and a major university. The four programs are all integrated, mainstreamed in educational institutions that are prominent in their community. The four programs are able to draw upon the resources of the host institution and the local community. The concentration of federal dollars dedicated to deafness has created specialized staff that focuses on the needs of the deaf learner while at the same time drawing upon local and regional resources. Three of the four Regional Education Programs serve students that are typically not eligible for Gallaudet College and NTID while the fourth Regional Education Program offers an alternative to Gallaudet College and NTID. Formal and informal liaisons are maintained between the Regional Education Programs and Gallaudet College and NTID. Formal liaison has been maintained through the Council of Directors which is made up of the heads of the six federally funded institutions. Informal liaison is maintained by a variety of staff persons within the six institutions. Notable are the relationships between the admissions personnel at the six institutions all or whom are dedicated to providing the best possible service to deaf students. Regional Education Programs maintain close relationships with Special Education and Vocational Personnel. The majority of secondary school graduates or school leavers are not eligible for Gallaudet College or NTID. Within this majority population there are large numbers of deaf persons who have multiple handicaps. Regional Education Programs offer a wide range of training objectives that are suited for low to high achievers. Deaf students are accepted without regard to additional handicaps if it can be demonstrated that an individual student can profit from either regular course offerings or modified course offerings. Deaf persons with additional handicaps of blindness, physical handicap, learning disorders, cerebral palsy, epilepsy, behavior problems and others are among the populations routinely served. Deafness often occurs as a result of a medical syndrome. Less discrete secondary handicaps can be identified among the populations served. Regional Education Programs serve high risk students. St. Paul TVI did serve one student who had normal hearing but whose vocal chords had been totally destoyed by consumption of lye. The student communicated expressively by sign language. Viet Nam veterans are served. There are an increasing number of deaf persons who are locating in the United States from foreign countries who are seeking post-secondary education. For these students the teaching of ESL is critical. A dramatic increase in the numbers of deaf students with multiple handicaps are seeking enrollment for the 1983-84 academic year. The leading edge of the rubella bubble will be seeking post-secondary education, and as the St. Paul TVI Rubella Survey and other surveys demonstrate the majority of these students will be seeking education at the two year post-secondary level. St. Paul TVI is well positioned to serve these students. State-wide workshops have been held on the Rubella population and course modifications are in place and ready to serve students at their level of need and capability. Linkages with Special Education, Vocational Rehabilitations, Gallaudet College, NTID and a host of other community agencies are in place with the objective of serving students who are deaf and who do have additional handicaps.

St. Paul TVI serves students who have hearing losses which restrict their opportunities for success in technical vocational education. A functional definition of hearing loss is the major eligibility criteria with audiological and other factors secondary criteria. Students may communicate orally or by American Sign Language. The support service model of the Regional Education Programs provides a range of support services that students may choose from to meet their individual needs. A Viet Nam deafened veteran may require counseling and notetaking. A pre-lingually deaf person may use the full range of services. Students usage of the support services will vary during the course of matriculation. The availability of a flexible student oriented support service model permits students with any degree of hearing loss to be served appropriately. An important caveat is that the full range of services offered by the host institution are available to all students with hearing loss.

Question #3:

Should the federally funded clearinghouse function be maintained for post-secondary students?

Response:

The Federal Government has maintained a clearinghouse function for Handicapped Americans in post-secondary education since 1977. The funding source for HEATH/Closer Look Resource Center, a program of the American Council on Education has been Regional Education Programs since October, 1980 (HEATH: Higher Education and the Handicapped). There is a clear national need for HEATH. Funding for HEATH is appropriate under Regional Education Programs. HEATH's affiliation with the American Council on Education is appropriate. The original intent of Regional Education Programs was to provide funding for Regional Education Programs for Deaf Students. Enforcement of the original intent of the law should be continued at a level appropriate to the need of essential services for Deaf Students. The administration has funded other efforts to facilitate Handicapped Americans in post-secondary education. Rigorous peer review culminated in HEATH being funded. HEATH has made a beginning at serving as a national clearinghouse. Much remains to be done. Demographic data on exiting students, and projected numbers of Handicapped Americans is inadequate; direct technical assistance to post-secondary institutions needs to be expanded; college/career guides and related documents such as those in Deafness need to be made available for Handicapped Americans; transitional programs for Handicapped Americans leaving secondary programs and attempting to enter post-secondary programs need to be implemented; resource documents for post-secondary institution staff need to be developed. HEATH officials surely can expand this list. Regional Education Program legislation was created to meet needs of Deaf Students.

The need is great for the coming years for deaf students in post-secondary education. Section 504, Regional Education Program legislation and other factors have created a situation in America where Handicapped Americans are beginning to find their place in post-secondary education. HEATH as a national clearinghouse performs a valuable service. More needs to be done for adult Handicapped Americans. Special Education (P.L. 94-142) meets needs of K-12 students. Vocational Rehabilitation meets needs of jobs for Handicapped Americans. Regional Education Program legislation is a vehicle for meeting the post-secondary education needs of Handicapped Americans. Expanded authority and funding for Regional Education Programs can be a giant step towards creating equality for all Handicapped Americans.

Senator **Weicker**. Why doesn't Eric describe very briefly what it is that he has brought with him.

Mr. **Blumenfeld** [through interpreter]. We made these, to earn more money and get better jobs.

Mr. **Lauritsen**. What is this? It is pretty heavy.

Mr. **Blumenfeld** [through interpreter]. This is a jaw vice.

Senator **Weicker**. What about that? That looks to me like something that if your staff screws up, you can put their thumbs in it and then sort of come down, very slowly. [Laughter.]

Mr. **Blumenfeld** [through interpreter]. This is an indicator. This is for exact measurements, to make sure the surface is smooth. It measures exactly.

This is a plumb bob.

Senator **Weicker**. Now, is Eric still at the school?

Mr. **Blumenfeld** [through interpreter]. Yes.

Senator **Weicker**. When does he graduate?

Mr. **Blumenfeld** [through interpreter]. December.

Senator **Weicker**. At that time, where would you expect to look for a job—what kind of industry?

Mr. **Blumenfeld** [through interpreter]. In my home, Connecticut.

Mr. **Lauritsen**. What is the name of the company you are going to look into?

Mr. **Blumenfeld** [through interpreter]. Bridgeport, a big milling company.

Mr. **Lauritsen**. Bridgeport Machine.

[The prepared statement of Mr. Blumenfeld follows:]

Prepared Statement of Eric S. Blumenfeld

My name is Eric S. Blumenfeld. I am hearing-impaired and I attend the St. Paul Technical Vocational Institute in St. Paul, Minnesota. I am here today to talk about how T.V.I. has helped me. My goal is to learn useful job skills for the future. Job skills are important because I want to know how I can earn money with my hands. I want to plan for the future and increase my earning capacity.

I have lived in Westport, Connecticut all my life. I attended public schools from kindergarten through high school. I graduated from Staples High School in 1978. I was the only hearing impaired person in these hearing schools. I never attended schools for the deaf because I believed that they were too strict and did not provide enough education or enough skills for coping with the hearing world.

In the summer of 1978, I enrolled at Northwestern Connecticut Community College in Winstead, Connecticut. After one semester, I withdrew because Northwestern did not seem to meet my needs for the future. So I spent two years going from job to job. After two years, I began to think about going back to college again because I needed to be able to earn more money to support myself and potentially a family in the future.

I chose T.V.I. because it has one of the best vocational training programs available for deaf persons. Because T.V.I. mixes hearing-impaired students with hearing students, it offers training in life skills in addition to technical vocational training.

I am grateful to have the opportunity to attend T.V.I. I hope other young adults will have the same opportunity in the future. * * *

Senator **Weicker**. Certainly, I can tell all those who are attending the hearing that in a State like Connecticut, where we have a large machine tool industry, and a large defense industry, people like Eric are in enormous demand. I might add that if he does as well as his handiwork here attests, it should not be very long before Eric will be earning more money than a United States Senator. [Laughter.]

Senator **Weicker**. Thank you very much, Mr. Lauritsen. I have a question, but I am going to hear from Dr. Bellamy first.

Dr. Bellamy.

Dr. **Bellamy**. Thank you, Mr. Chairman.

My name is Thomas Bellamy. I am an associate professor of special education and rehabilitation at the University of Oregon. I do appreciate the opportunity to be here again.

I am here to advocate the development of a new secondary discretionary program in special education, a program that would emphasize secondary programs and the transition from school to adult life and to adult working situations. My written testimony lists several reasons that Federal leadership is needed now in this area. I will not try to go through all of those, but I would like to highlight a couple of them.

The first one, and I think the most important, is that the children who entered school after the passage of Public Law 94-142 are, in fact, growing up. In the early seventies, fully 75 percent of all of the special education services were delivered at the elementary level. That has changed dramatically because of the leadership that the Congress provided.

As an example, in Oregon 5 years ago, our State's program for moderately and severely impaired students graduated 15 people; this year, we expect 109 to reach graduation age.

The focus on secondary programs at this point is simply the logical and the desired outgrowth of the earlier investments that we have made in public education for people with disabilities. The problem is not just one of numbers, though. I think there is an issue of quality as well. The simple success of the early childhood programs, the elementary programs, the programs in the area of severe handicaps, and other discretionary programs have led parents, teachers, and a lot of other people to believe that it is more than possible, it is an expectation, that all people who are in special education today will grow up to participate in the living and working life of the community.

Unfortunately, that will only happen if we balance the investment that we have made in early childhood with an investment in secondary programs. Perhaps the best way to underscore the need is to look at some of the followup studies that have been done recently of graduates of special education. People who have left special education over the last 10 years have, I believe, an unacceptably high rate of unemployment. Many people are leaving school programs and going into exactly the same adult services that they would have gone into had no school been provided. I believe we can reverse that trend. We can reverse it by intelligent development of programs at the secondary and transition levels.

There are some things that we can only do in secondary programs: vocational preparation, assistance to parents in transition from school to work, development of some of the personal and social skills that can only occur after adolescence.

I also think that investment today would be timely. I am convinced that a solid foundation is now available in research and in demonstration that would point the way toward a major national effort in secondary and transition services. I believe that both from the Federal level, from SEP, and from several local initiatives, we have good direction in model programs, in vocational preparation efforts, in strategies for actually placing high school special ed programs in situations that maximize integration with nonhandicapped children, in building curricula in schools that actually do prepare for adult living.

If we are going to capitalize on those isolated but excellent demonstrations, we do need some Federal leadership right now that assists in getting those kinds of programs in place throughout the country.

I emphasize in the written testimony several possible directions that a program like this might take. I would like just to point out one of those, because I think it is critical. Simply investing in secondary schools will not be enough unless we combine that with careful attention to the transition process itself and the development of postsecondary options for all students with disabilities. It is quite clear that the investment that has been made so far in students who have hearing impairments has paid off tremendously. I believe that a similar investment is needed for other disability groups. Similarly, I think that joint projects between special education and the adult services that might be responsible for people at age 21 might help us transfer some of the technology that has developed in the schools over the last few years to the adult service network as well.

To summarize, I think that Federal leadership is both needed and timely in the area of secondary services and transition to adult life. We have a longstanding commitment in this country to the social and economic destinies of children who are disabled. I think that it would be a travesty if we left the job of special education only partly done.

Thank you.

[The prepared statement of Mr. Bellamy follows:]

TESTIMONY OF G. THOMAS BELLAMY, PH. D., UNIVERSITY OF OREGON

Mr. Chairman, my name is G. Thomas Bellamy. I am Associate Professor of Special Education and Rehabilitation at the University of Oregon, where I direct a research group concerned with adolescents and adults with severe disabilities.

I welcome the occasion to present my views on the need for a secondary emphasis in the discretionary programs in Special Education. Thank you for the opportunity to testify.

I am here addressing secondary programs precisely because of the success of federal investments in early childhood and elementary programs in Special Education. The dramatic progress made in these programs during the last few years will have a lasting benefit for children with handicaps only when it is balanced with equal attention to the special problems of exceptional youth. Therefore, I advocate the creation of a new program on secondary and transition services within the Centers and Services Part of the Education of the Handicapped Act.

As the ongoing national debate attests, high school presents difficult problems for all students. For those youth with disabilities, the design of educational services is even more complex. Programs must adjust to individual learning difficulties and to normal changes of adolescence. They must keep pace with a changing job market and with shifting social expectations and opportunities for people with disabilities. The need for secondary-level special education can be met neither by extending successful elementary programs to the high schools nor by diluting the typical secondary curriculum that so often simply prepares students for still more schooling.

The task of designing and delivering appropriate secondary programs has taken on new significance with a change in the age distribution of students. Before the passage of P.L. 94-142, fully 75% of special education services were delivered at the elementary level. Today, drastic increases in secondary programs are evident as children who entered school after federal and state educational guarantees get older. Five years ago, fewer than 15 individuals left Oregon's school programs for moderately and severely handicapped students; this year 109 are expected to complete secondary school. We are now seeing the first full generation of students who have grown up in the public schools. Of course, this expansion is the logical and desired product of earlier public investment in special education. Ending earlier patterns of institutionalization, children with handicaps are staying in their homes, attending local public schools, and mastering important basic skills.

The challenge of special education at the secondary level is not just one of numbers. Student progress provides a foundation for higher parent and teacher expectations. Today, there is every reason to believe that even the most severely handicapped student will grow up able to participate and contribute in the mainstream of a community's economic and social activity.

However, individuals with handicaps can be expected to enjoy such participation only if education in secondary programs matches the quality and effectiveness of early childhood and elementary services. There is much that can be done only at the secondary level. It is here, under the pressure of imminent adult responsibilities, that basic skills learned earlier must be integrated to support independent living, productivity, and personal fulfillment. Secondary education must also structure the transition from school to work and adult life.

The need for investment in secondary and transition services is all too apparent in follow-up studies of special education graduates. Studies in Oregon, Vermont, and California all show alarming levels of unemployment of recent graduates. In Oregon, about seventy-five percent of those completing school programs for moderately and severely handicapped students are now in adult activity programs -- exactly the same program that would be available at the same public cost, had no special education been provided. Even those graduates who do enter vocationally-oriented adult services must on the average, look forward to trivial wages and to tortoise-like progress toward full employment. In fact the handicapped consumer who enters day activity programs after completing school and who progresses to higher level programs at the national average rates will be 78 years old -- past retirement age -- before receiving his or her first competitive job.

Averages always hide excellent programs. There are model secondary programs today that both point the way for future development and make a convincing case that public investment in secondary programs can now make a difference. For example, severely handicapped students in Charlottesville, Virginia; Madison, Wisconsin; and DeKalb, Illinois, typically leave high school with several years work experience in community job sites. These demonstrations make it quite clear that dramatic achievements are possible in secondary special education. Adoption of such models elsewhere will not be automatic; nonetheless it clearly is time to make the promise of these programs a reality for handicapped adolescents throughout the United States.

I recommend a broadly-based discretionary program of research, demonstration, and systematic model replication that addresses the education needs of all special education youth, regardless of degree or kind of disability. Several specific areas of focus would be important in such a program:

Improved intervention procedures. The more protected and special the secondary school, the wider the gulf that handicapped young adults must cross between the end of schooling and the onset of work and adult life. Procedures, materials, curriculum approaches, and measures are needed that reduce this gulf while maintaining instructional effectiveness. If the real point of secondary schooling is success beyond the school, traditional instructional methods will of necessity require adjustment. A technology is needed for training outside the classroom and monitoring student performance on the job, in the home, and throughout the community.

Models for secondary service delivery. A publication of the National Governors' Association recently lamented that while the vocational preparation needed by any given handicapped individual probably exists somewhere in the nation, it is unlikely that the program will be available where or when it is needed. Delivery of quality secondary education may well require significant changes not only in instructional procedures but also in organization and structure. Investing in the development, testing, and systematic replication of successful service deliveries models could reduce costly reinvention, providing a more economical and more efficient way of improving opportunities for the nation's high school special education students.

Outcome research. To ensure that the public investment in special education achieves maximum benefits for handicapped consumers, evaluation efforts must move beyond measures of amount and level of services.

Research could do much to anchor administrative decisions in what happens to handicapped children and adults. For example, regular reporting of demographics in special education could assist in planning for transition and adult services. Systematic follow-up studies of graduates could provide a basis for both adjusting educational procedures and evaluating adult services. Ongoing studies of how special education students are served in vocational education, vocational rehabilitation, and other human services could provide information needed to adjust these programs. Measures that assess quality of life of high school students and program graduates are needed to supplement common indicators of progress in school.

Post-Secondary development and collaboration. The work opportunities and quality of life of disabled school leavers depend as much on adult services and opportunities as on school preparation. Today, there is great local and state variation in post-secondary options. Graduates with similar skills may be offered such widely varied services as day activities, sheltered work, or competitive employment preparation. Like their counterparts in secondary schools a few years ago, many adult service programs and post-secondary schools have little experience serving individuals with more severe disabilities. It is ironic that many of today's graduates have more severe disabilities, but also more functional skills, than their predecessors only a few years ago. Significant adjustments appear needed in adult services, and education can help in several ways. For example, collaborative projects between school districts and adult services could provide a forum for increased interaction between school and community services with an appropriate focus on individual children.

Investment in post-secondary education is also needed to support transition from school to work. The Regional Education Program currently provides this type of assistance for individuals who are deaf. While this group has clearly benefitted, there is a critical need to broaden the program to other special education students as well. Several isolated models exist for serving handicapped individuals in community colleges and vocational schools. A broadened Regional Education Program could provide the foundation for expanded use of these models.

Let me summarize. Federal investment now in secondary special education is the logical result of longstanding concern for the economic and social destinies of children with handicaps. The success of early childhood and elementary efforts offers significant promise to citizens with disabilities and to their families. Let us not leave the job of special education unfinished. Investment in younger children has been smart, but it will pay lasting dividends for handicapped individuals only when it is balanced with equal attention to the problems of exceptional youth in secondary schools and in the transition from school to adult life. Consequently, I recommend that a Secondary and Transition Program be established as a new Special Education discretionary program, providing the federal leadership needed to offer appropriate education throughout the school years.

I Memory

After some discussion with folks at Paul H. Brookes, I have learned that the intention to commit three percent of the total royalties to each contributed chapter in the book, Design of High School Programs for Severely Handicapped Students, never became part of the formal publishing contract. I assume that we failed to communicate this adequately.

Barbara and I regret the difficulty and do intend to honor the understanding we had as you were preparing the chapter. Our plan is this: We will ask that the publisher complete formal contracts and that royalty payments for all sales to date be paid in April, 1984, on the normal payment schedule.

Please let me know if you have suggestions for other ways to handle the issue. I expect you will soon be asked to sign a contract with the publisher.

Sincerely,

G. Thomas Bellamy, Ph.D.
Director

GTB:mz

Senator **Weicker**. I thank you both, and I will address the same question to both of you, because we have it continually raised before this subcommittee by various representatives of the administration, both as to the law, and then, in the other committee on which I serve, Appropriations, as to funding. It is said that in many of these areas—many of these areas—the example has been set to the point where a Federal role is no longer necessary, and indeed, the matter can be taken over as a matter both of law and of funding by the States and local government. I would like to have each of you comment on that position, and I think I have correctly paraphrased it.

Mr. **Lauritsen**. We hear that question quite often, also, Mr. Chairman. My response to that would be what happened to us in 1974, back in St. Paul, as with all the regional programs. We were faced with that problem then, as we are faced with the problem now. If the Federal dollars expire, what will happen is that we will become a single State program. We will no longer serve Eric and people from Connecticut and other places. The cost of the program that we have is a little bit more expensive, but it is very cost-effective if we pool our resources, and the best way to pool those resources is through the Federal input.

I would not advocate for a program in every State, but I would certainly advocate for select, regionalized programs that offer quality, minimum support service systems.

I would like to make one other point. This committee and others, and the country, put great numbers of dollars into Public Law 94-142 and the vocational rehabilitation program. I would like to suggest that we begin to look at regional education programs as a third part of that link. We are the ones who provide the training and postsecondary education. The secondary folks get people ready for postsecondary education; the rehabilitation people purvey services. In order for them to purvey services, they purchase services from schools like ours. We are a critical link. All postsecondary education for handicapped people forms a critical link in the special education and the rehabilitation network.

I would like to propose a continuing Federal investment for handicapped persons in a triad format—special education, rehabilitation, and postsecondary education.

Senator **Weicker**. Thank you.

Dr. Bellamy?

Dr. **Bellamy**. I think that in the area of secondary programs and transition to work, Federal leadership is needed right now, more because we have a common problem that cuts across States that we can solve more efficiently and more reliably if we do it from the standpoint of Federal investment. I do not think we want simply to extend the promise of special education to people in a few States where model projects may have developed. In saying that, I do not mean at all to question the ability of people in State and local school districts, but simply to say that we can solve the problem more efficiently and more directly with Federal leadership now that we could otherwise.

Senator **Weicker**. Thank you very much. I thank all three of you, Eric, Dr. Bellamy, and Mr. Lauritsen, for taking time out of your very busy schedules to be with us here this morning.

35

The next panel consists of Frederick Weintraub, the assistant executive director of the Council for Exceptional Children of Reston, Va., and Dr. James Gallagher, director of the Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

Dr. Gallagher and Mr. Weintraub, it is nice to have you with us this morning. Why don't you go ahead and proceed in any way that you deem fit.

STATEMENT OF DR. JAMES J. GALLAGHER, DIRECTOR, FRANK PORTER GRAHAM CHILD DEVELOPMENT CENTER, UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL AND FREDERICK J. WEINTRAUB, ASSISTANT EXECUTIVE DIRECTOR, DEPARTMENT OF GOVERNMENTAL RELATIONS, COUNCIL FOR EXCEPTIONAL CHILDREN, RESTON, VA.

Dr. **Gallagher**. Thank you, Mr. Chairman. It is a special pleasure to have the opportunity to testify before this subcommittee because its leadership in this area is well known and appreciated.

My name is Jim Gallagher, and I am director of the Frank Porter Graham Child Development Center and the Kenan professor of education at the University of North Carolina at Chapel Hill.

During the years 1967 to 1970, I served in the U.S. Office of Education, and for 2 of those years, I was the director of the Bureau of Education for the Handicapped. In 1968 when I held that position, we were delighted when the Congress passed Public Law 90-538, the Handicapped Children's Early Education Assistance Act, because it provided us with a vehicle by which we could stimulate programs to provide support and assistance at the earliest time in the handicapped child's life.

You were just hearing about secondary programs, which are extremely important. We are going to talk about early education, which is also extremely important.

As is well known professionally, the earlier you start in the handicapped child's life with services, the fewer the problems that must be overcome later.

In 1968, I think the Congress was wise not to embark on a major extension of programs in preschool handicapped. We needed knowledge from research; we needed trained personnel, we needed demonstrations of good practice. But through the 15 years that this program has been in existence, we now have a solid professional base to move forward from.

One of the fundamental purposes in the Bureau of the Handicapped in implementing that original law was to encourage replication of the demonstrations that were set up around the country. We understand from the Littlejohn report, which is a third party evaluation just completed that analyzed the impact of this program, that for every dollar spent on handicapped children's demonstration programs, over $18 has been generated for programing for children and their families by local and State resources; also, that 55 percent of the children in these programs enter public schools in the regular education program, integrated with normal children—a great saving in money and a more healthy social and educational situation for the children. The investment in outreach and technical assistance is one of the major innovations of this program because it allows us to institutionalize good practice and to move it from one place to another in the country.

We were fortunate some years ago to receive one of the competitive grants to set up an early childhood institute which becomes a part of this total program. Under that opportunity we were able, for example, to provide a curriculum for severely handicapped 0 to 2 years of age, a handbook for parents to help adaptation of handicapped children and mainstreaming situations, a new way of assessing the learning capabilities of young handicapped children and a variety of research programs providing new insights into the stresses experienced by families of handicapped children, particularly the fathers of handicapped children.

Yet it is not enough to be self-congratulatory about this successful program, because there is one objective we have not met, and that objective that we had in 1968 was to provide full services for preschool handicapped children around the country and, I might say, for preschool handicapped children from 0 to 5, not from 3 to 5.

We still understand from that Littlejohn report that three out of every four handicapped children in the preschool age range are still not receiving services. So what I would suggest, Mr. Chairman, would be first of all a reauthorization of these important elements, the demonstration and the outreach, with particular emphasis on the outreach. We now know a great deal about what to do in this area. What we really need is to move those ideas and those practices from one place to another. So I would place special emphasis on the outreach aspect.

The great variation between States and their use of the preschool incentive grants suggests that there needs to be some rethinking on what is an incentive and what is not for a State. State implementation grants, called SIG's, which provide technical assistance to the State department of education, have had mixed success, and we think a more assertive and supportive role by the Federal Government could pay major dividends. Some States have progressed far enough so they already have a comprehensive plan for preschool handicapped endorsed by their State board of education. These States would be interested in extending their efforts in early childhood if they could be assured that the Federal Government could provide them with some initial support. This would mean support for the initial cost of implementing a system of service delivery at the preschool age. During that time, for example, they could be allowed a 10-percent set-aside or addition to their (Pub. L. 94-142) allotment if they met certain criteria for movement in this preschool area, such as the hiring of a State coordinator for preschool programs, a comprehensive program plan for the establishment of training centers in early childhood, and a demonstrated yearly increment in local programing funding. Other States that have not reached that stage where such funds could be well used could continue with planning funds, but they would be encouraged to move, knowing that further Federal help could be available, to implement a full plan for preschool handicapped children.

We want these programs, like Public Law 94-142, extended to include children from birth to age 3. It is difficult, Mr. Chairman, to understand that the handicapped child often gets caught in a jurisdictional dispute at the State level between the Department of Human Resources and the Department of Education. Both of them have some contribution to make to this program, but the fact that no one has specific responsibility means no one does long-range planning, no one does allocation of the resources that are necessary to carry out the program. So I would recommend that that responsibility be given to the State Department of Public Instruction or Education, that would then contract or make cooperative arrangements with necessary human resources programs in order that someone has the specific responsibility at the State level to plan for programs for preschool handicapped children over a long period of time.

Now, I must make one more comment. I must say that I was astonished to see the administration's request for a major cut in this early childhood program in fiscal 1984. I can only assume it is some unthinking attempt to reach some bottom line figure. Cutting successful programs is an odd way to reward competence and initiative.

Thank you.

[The prepared statement of Dr. Gallagher follows:]

TESTIMONY ON EARLY CHILDHOOD

for the

REAUTHORIZATION OF THE DISCRETIONARY PROGRAMS
OF THE EDUCATION FOR THE HANDICAPPED ACT

U.S. SUBCOMMITTEE ON THE HANDICAPPED

James J. Gallagher

Kenan Professor of Education

and

Director, Frank Porter Graham Child Development Center
University of North Carolina at Chapel Hill

March 23, 1983

My name is James Gallagher and I am currently the Director of the Frank Porter Graham Child Development Center and a Kenan Professor of Education at the University of North Carolina at Chapel Hill. During the years 1967-1970 I served in the U.S. Office of Education as the Director of the Bureau of Education for the Handicapped and later, as a Deputy Assistant Secretary. It is my pleasure to discuss what I think has been one of the genuine successes in government programming, the Handicapped Children's Early Education Program.

In 1968 when I was Chief of the Bureau of Education for the Handicapped, we were delighted when the Congress passed Public Law 90-538, the Handicapped Children's Early Education Assistance Act. Although that program started at a very modest level, it provided us with a vehicle by which we could stimulate programs that would provide support and assistance at the earliest possible time in the handicapped child's life, not only for the child but for the rest of the family as well. It is well known that the earlier in the child's life that services are provided, the fewer problems that must be overcome later.

In 1968 the Congress was wise not to embark on a major program expansion in the preschool area because there were so many unmet needs. We needed additional knowledge from research that would help shape special education programs for preschool handicapped children; we needed trained personnel who could operate such programs; and we lacked practical models that would demonstrate how to provide efficiently such services. In the past fifteen years, because of the judicious use of research, training, and demonstration funds in Special Education Programs, we now have a solid professional platform from which to move.

It is the combination of elements in this program that has made it a success: demonstration to provide models to emulate, early childhood institutes to provide new ideas, outreach to speed new ideas into practice, technical assistance to aid new programs to get underway, and state implementation grants to encourage states to move forward.

One of our fundamental purposes in the Bureau of Education for the Handicapped in implementing the original law was to encourage replication of the demonstration models. This replication has been one of the outstanding successes of the program. We understand from the Littlejohn report which analyzed the impact of the HCEEP program, that for every dollar spent on the handicapped children's demonstration program, over $18.00 has been generated for programming for children and their families by local and state resources. Also, it reported that 55 percent of the children who leave these demonstration projects are placed in educationally integrated settings with nonhandicapped children, thus creating both a lesser cost and a more healthy social and education situation for the handicapped children. This program has committed itself to outreach, which means to spread the skills and knowledge to practitioners at the local level. The investment in outreach and technical assistance is another of the forward thinking moves, because it institutionalized the goal of transmitting good practice from one part of the country to another and also brought good practitioners together with researchers and special educators to create a productive communication network.

Special Education Programs established four Early Childhood Institutes in 1977 which provided the opportunity to address important and complicated issues in early childhood. We at the Frank Porter Graham Center at the University of North Carolina at Chapel Hill were fortunate in competing for one of those early childhood institutes. Out of that opportunity we were able to provide a curriculum for severely handicapped children ages 0 to 2; a handbook for parents to help them in the adaptation of handicapped children in mainstreaming situations; a new way of assessing the learning capabilities of handicapped children; and a variety of research that provided new insights into the special stress that is experienced by families of handicapped children. All of these products have been widely disseminated, in part, because of aggressive support of outreach and technical assistance that has been provided by the Special Education Programs agency.

Yet it is not enough to be self-congratulatory about the good results of these last fifteen years. There is one other objective that we had as a long-range goal, and that objective has not been attained. That is, we had hoped that services should be available to all handicapped children at whatever age, but particularly in those early years where treatment can mean so much to the children and to the family. From the same Littlejohn report, it is clear that three out of every four handicapped children in the preschool age range are still not receiving services. So, despite the effective nature of the demonstration, outreach, and technical assistance efforts, it is now clear that we still need additional strategies to reach our larger objective of full service for all handicapped children.

To achieve that, I believe there should be a certain reallocation of resources in this program. I would recommend a lesser emphasis on new demonstration programs, with these new projects focusing almost entirely upon program areas that would represent major gaps in existing demonstrations. I would instead place increased emphasis on *outreach* services which, together with the technical assistance services, provide an important spread of knowledge. Demonstration projects are currently spending 71 percent of the funds while 29 percent of the funds are spent on outreach. Those proportions should probably be reversed with 70 percent going to outreach. The Early Childhood Institutes need to continue in order to generate research and products that can add to the quality of the services to be delivered and provide credibility to the extension of services.

The great variation between states in their use of the *preschool incentive grants* suggests that there needs to be some rethinking on what is an incentive and what isn't for a state. State implementation grants (SIGS) provided to state departments of education, have had mixed success, and a more assertive and supportive role by the federal government could, I think, pay dividends. Some states have progressed far enough so that they already have a comprehensive plan for preschool handicapped endorsed by their State Board of Education or similar body. These states would be interested in extending efforts in early childhood if they could be assured that the federal government was going to provide them with a significant level of *initial* support to help the program get underway. This would mean support for the initial costs of implementing a system of service delivery at the preschool age during a *five-year period*.

During that time, they could, for example, be allowed a 10 percent addition to their P.L. 94-142 allotment, if they met certain criteria for movement in this preschool area. The hiring of a state coordinator, a comprehensive program plan for establishment of training centers, and a yearly increment in local programming, could be among such criteria. Other states that have not reached the stage where such funds would be well used could continue with planning funds, but would be encouraged to see that further federal help would be available to implement a full plan when they reached that level.

I would also like to see these programs extended to include children from birth rather than from age 3. A handicapped child is often caught in a jurisdictional dispute in the states as to who should serve them, particularly in the 0-3 age range. Should it be the Department of Human Resources, or the Department of Education? That dispute has caused many states to appear hesitant and nonresponsive to the needs of these children and their families. I would strongly recommend that the basic responsibility for providing such programming would be in the State Department of Education, although we could expect them to broker or contract out many of these services to human services and health programs. The essential goal should be to bypass administrative barriers that prevent the maximum development of these youngsters during the preschool age so they can fit into and profit from special education programs at a later time.

I must admit, in closing, that I was astonished to see the administration's request for a major cut in this early childhood program in FY'84. I can only assume it is some unthinking attempt to reach some bottom line figure. Cutting successful programs is an odd way to reward competence and initiative.

Figure 1

HANDICAPPED CHILDREN'S EARLY EDUCATION PROGRAM

PURPOSE: TO ASSIST IN DEVELOPING AND IMPLEMENTING INNOVATIVE EXPERIMENTAL PROGRAMS FOR YOUNG HANDICAPPED CHILDREN (BIRTH TO EIGHT YEARS) AND THEIR FAMILIES

Projects	Demonstration	Outreach	State Implementation	Early Childhood Institutes	Technical Assistance Centers
Goals	Development of Exemplary Models; Demonstration and Dissemination	Stimulation of Increased and High Quality Services	Implementation of Early Childhood State Plans	Long Term Investigation of Selected Aspects of Early Education for Handicapped Children	Technical Assistanc To Demonstration Projects and State Implementation Projects
Activities	Services to Children Services to Parents Staff Development Program Evaluation Demonstration and Dissemination	Broad Disseminatior of Information Product Development and Distribution Stimulating Additional Services Training Consultation State Involvement & Coordination	Assessment of Needs Training Data Collection and Analysis	Research into Direct Application of Early Education Programs in Typical Settings	Assessment of Needs Program Planning Expert Consultation Evaluation
Eligible Parties	Public & Private, Non-Profit Agencies	Public & Private, Non-Profit Agencies	State Education Agencies	Public & Private, Non-Profit Agencies	Public & Private Non-Profit Agencies
Type of Funding	Grant	Grant	Grant	Contract	Contract
Funding Period	3 Years Annual Renewal	1 or 2 Years Annual Renewal	1 or 2 Years Annual Renewal	5 Years Annual Renewal	3 Years Annual Renewal

Senator **Weicker**. Thank you, Dr. Gallagher. I could not agree with you more, and I can assure you that, both in the authorizing sense and in the appropriations sense, that that cut is going to be restored. I have already talked to the chairman of this committee, and he is in complete agreement, and I can assure you that I expect the same kind of support in the Appropriations Committee. I think the reason is very simple. You alluded to it; over the past 2 years, many of these cuts have been made, not at the advice of those that are proficient in the field, but rather, by bottom line figures dictated by OMB. That is a heck of a way to run a business, a college, or a government. What is good and what works should be funded, and what does not should not be funded.—Nobody is objecting, in other words, to a paring of budgets, but it ought to be done with a certain degree of knowledge, and I think that has been totally lacking when it comes to the entire area of handicapped, disabled, retarded, et cetera.

Mr. Weintraub?

Mr. **Weintraub**. Thank you, Senator.

I am Fred Weintraub, assistant executive director for governmental relations with the Council for Exceptional Children.

It is a pleasure to have an opportunity to appear before this subcommittee today, and I would also thank the chairman for the opportunity to once again sit at the table with Dr. Gallagher. We sat at this table 15 years ago, when this act was brought before this committee, and it is a déjà vu to sit here once again, and I appreciate that.

In our testimony, we review the highlights of the research that has gone on over the last 15 years, in trying to really see whether services for handicapped children make a difference. It has always been postulated that if we serve these children at their youngest years, that in fact we would lessen the effects of the handicapped. I will not repeat what is in the testimony, but it is clear, as Dr. Gallagher has indicated, from the research that preschool services for handicapped children are essential for the children, they are essential for the children's families, they are essential for our schools, and they are essential for our society as a whole.

The major question, I think, before this subcommittee is: Are preschool handicapped children in need presently being served? Let me review a little data with the committee.

State education agencies reported that in 1982, 227,000 3- to 5-year-old preschool handicapped children received special education services. The National Center for Educational Statistics estimates that in 1982, there were approximately 10 million children ages 3 to 5. Thus, only 2.2 percent of the 3- to 5-year-old population received special educational services. If we were to use highly conservative estimates of the percentage of the preschool population requiring special education services, we would use 5 percent. Thus, we are serving, by a liberal estimate, only 50 percent of the handicapped children ages 3 to 5 in serious need of special education services.

The National Foundation and the March of Dimes reported that a quarter of a million infants are born each year with birth defects that may lead to handicapping conditions. Another 50,000 infants are born premature, and thus with substantial odds of becoming handicapped. While some progress is being made in serving the birth-to-3 handicapped population—estimated conservatively to be over 500,000 children—no data exists on how many are being served. Sample studies simply suggest that the number is minimal.

The next question is: Is the Federal effort effective? and here again, I will not go into a great deal on what is in the testimony. But as Dr. Gallagher indicated, the Littlejohn study and other studies have clearly indicated that the Federal program, the Federal effort, the model program, has increased services, has demonstrated effectiveness, and has provided continuity of impact. In fact, the report concludes that the accomplishments of the HCEEP projects as shown by the survey results are greater and more varied than for any other documented education program we have been able to identify, and that is quoted directly from the Littlejohn study.

The second component in dealing with preschool is the preschool incentive, section 619. Because of the funding level of that incentive, which called for an additional $300 per child, but is presently approximately $110 per child, there is serious question as to what degree it is in fact really an incentive. It is a help, and clearly, the additional money is helping. It leaves us, though, with a few observations, and I think these are very serious conclusions.

First, since 1980, there has been actually a 2-percent decline in the number of 3- to 5-year-old handicapped children being served.

Second, fewer States mandate preschool services today than at the time of passage of Public Law 94-142.

Third, reductions in funding for health and social service programs are also impairing preschool services, particularly for the birth-to-3 population.

We would like to recommend to the committee that the Congress fully fund the preschool incentive, that States be permitted to count for reimbursement handicapped children from birth, and third, that Public Law 94-142 mandates be extended to handicapped children from birth on a phased-in basis. However, we would be the first to recognize that our recommendations are possibly not politically or economically viable at this time.

Senator WEICKER. Excuse me, if I could stop you there. You say that Public Law 94-142 should take effect at birth. Doesn't it now?

Mr. WEINTRAUB. No, Senator. It mandates for children from 5, and then, for children 3 to 5, it mandates it only if the State mandates it. So if the State does not mandate it, then Public Law 94-142 would apply. It does not even mention children from zero to 3.

Senator WEICKER. Don't you think that—and that is why we have hearings, to educate Senators—don't you think, in light of the new body of academic knowledge as to what this early intervention can do, that the law should be brought back to zero? My own child is starting to receive schooling at 3 months.

Mr. WEINTRAUB. Yes; that is right, and what we find is a tremendous variation. For example, in the State of Virginia, if you are a blind child, you are served almost from the day you leave the hospital, but if you happen to be a retarded child, you have to wait until the age of 2.

We clearly, in fact, had argued, even at the time that Public Law 94-142 was being designed, and in fact, the early versions of the bill were down to birth. During the construct of the bill, it was felt that that was going too far, and the final versions of the bill were at age 5, with a pseudomandate down to 3.

We would certainly endorse that. We are also, perhaps as a more modest approach, suggesting that we clearly make it possible for the preschool incentive money to be used for birth to 3 if States so wish. Right now, under the incentive, a State that wants to use that money it is getting to serve children, let us say, who are 2 years old or 1 year old, may not, and we would like to simply open that up.

Senator WEICKER. May not, by virtue of law, or——

Mr. WEINTRAUB. By law. It is limited to only going to children 3 to 5 even if the State would like to use it for below that.

Second, what we are suggesting is that there be—following up on Dr. Gallagher's point about the State implementation grant program under the HCEEP program—that we expand that, toughen it, that we provide a base of some grants to States who want to really plan and get serious on preschool to facilitate that planning and implementation.

I think I will stop at that point, Senator, and I would be glad to entertain any questions.

[The prepared statement of Mr. Weintraub follows:]

STATEMENT OF

THE COUNCIL FOR EXCEPTIONAL CHILDREN

to

THE SUBCOMMITTEE ON THE HANDICAPPED

of

THE U.S. SENATE LABOR AND HUMAN RESOURCES COMMITTEE

with respect to

REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT

March 23, 1983

Submitted by:
Frederick J. Weintraub
Assistant Executive Director
Department of Governmental Relations
The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

For further background contact:
Joseph Ballard
CEC Headquarters
Telephone: (703) 620-3660

Mr. Chairman and members of the Subcommittee on the Handicapped, The Council for Exceptional Children (CEC) is pleased to have this opportunity to offer its comments on important issues concerning the reauthorization of the Education of the Handicapped Act (EHA). The Council for Exceptional Children is a national association of 50,000 special education professionals and others concerned with the education of handicapped and gifted and talented children and youth.

Mr. Chairman, while P.L. 94-142 is Part B of EHA, it is our understanding that since it's authorization does not expire, it is not under consideration by the subcommittee during this EHA reauthorization process. CEC's comments will therefore be limited to the remaining portions of the EHA.

Since the Congress created the EHA in 1966, the Act has been the foundation of the federal role in special education, providing the impetus for all manner of research, demonstration and personnel support. The Act originally provided for grants to states (later to become P.L. 94-142), research and personnel preparation, and also mandated the establishment of the Bureau of Education for the Handicapped (BEH) in the U.S. Office of Education (USOE). During the remainder of the 1960's the Congress continued to expand the federal role in special education by amending EHA and adding programs such as regional resource centers, centers for deaf-blind children, instructional media, teacher recruitment, early childhood models, and programs for children with specific learning disabilities.

EHA will, of course, always have an important role in supporting the mission of P.L. 94-142, but, aside from P.L. 94-142 we believe that the EHA has an ongoing mission to continue to improve over time, quality of instruction for exceptional children. That vital mission existed before the enactment of P.L. 94-142, and that mission remains just as vital today.

The EHA has played a significant role over the past two decades in expanding and improving special educational services to handicapped children. In fact, as we review the existing authorities, we are impressed with the continued usefulness and timeliness of most of the provisions of the EHA. We do, however, believe that it is necessary to examine areas of need in the field of special education and to strengthen the EHA based upon that assessment. The recommendations which we make in this statement are based upon that selective search for areas where the statutes should be strengthened. The fact that we do not discuss certain programs or aspects of the statutes does not indicate a lack of concern or support for them. Further, the order of our presentation of issues follows the order in which items appear in the existing EHA designation.

Definition of Handicapped Children

The Council for Exceptional Children feels that the term "behaviorally disordered" is the most appropriate designation for children who are handicapped by virture of their behavior. The current definition of "handicapped children" uses the terminology "seriously emotionally disturbed" which relies heavily on inferences about internal emotional phenomena. This reflects a conceptualization of mental illness that is at least 20 years old. More current diagnostic classifications stress the description of problem behavior rather than the immediate interpretation of observed behavior as indicative of inner pathology. A new definition that would focus efforts on the description of problem behaviors as they relate to the tasks encountered by students in educational situations would be helpful to the professionals assessing children and developing special educational programs and the children and their families. We therefore recommend that section 602(1) of Part A be amended by striking the term "seriously emotionally disturbed" and replacing it with the term "behaviorally disordered."

Definition of Special Education

Section 602(16) of Part A defines special education as it applies to all programs supported by or operated under EHA. "The term 'special education' means specifically designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions."

We believe that the term "unique needs" has been too broadly interpreted to apply to child needs far beyond those of an educational nature. We feel that the Congress could provide a small but important thrust toward clearer thinking on this issue by the simple insertion of the word "educational" between "unique" and "needs" in the definition, thus more clearly setting forth that the purpose of special education is to meet the educational needs of handicapped children. In that vein, we would also refer you to the Report from the Commission on the Financing of a Free and Appropriate Education for Special Needs Children (March, 1983), which contains useful discussion on the issue of clarifying that which is and is not educational.

Special Education Programs (SEP) Structure

The Congress has long maintained a deep concern that the agency administering special education programs:

1. Have sufficient administrative authority and visibility.

2. Be the primary agency to speak nationally on the educational needs of exceptional children and youth.
3. Have sufficient staff to carry out its responsibilities.

In P.L. 91-230, enacted on April 13, 1970, and P.L. 93-380, enacted on August 21, 1974, the Congress very precisely required that the then Bureau of Education for the Handicapped (BEH) be headed by a Deputy Commissioner of Education appointed by the U.S. Commissioner of Education who was to report directly to the Commissioner.

A similar concern that top bureaucratic rank be guaranteed was demonstrated when the Congress created a separate Department of Education on October 17, 1979. At that time the Congress authorized an Office of Special Education and Rehabilitation Services, to be headed by an Assistant Secretary. This Assistant Secretary, nominated by the President and confirmed by the Senate, reports directly to the Secretary of Education.

CEC was deeply involved in the realization of an independent Department of Education, the joining administratively of special education and rehabilitation services, and the designation of an Assistant Secretary at the top line of the bureaucratic hierarchy. It was everyone's understanding among the various parties involved in the creation of the Department that the then BEH, now Special Education Programs (SEP), would have equal standing, directly under the Assistant Secretary, with the Rehabilitation Services Administration (RSA) and the National Institute for Handicapped Research (NIHR).

We are beginning to have reason to question whether there is adherence to this understanding, and since the existing EHA section 603 pertaining to BEH must now be rewritten to conform to the statutes authorizing the Department of Education, we urge that the opportunity be taken to once again make clear by statute the administrative position of what is now SEP. Therefore, we recommend that the statute (Part A section 603) require:

1. That there will be a principal agency for administering and carrying out programs and projects relating to the education and training of the handicapped.
2. That such principal agency shall be headed by a Deputy Assistant Secretary for Special Education appointed by the Secretary of Education.
3. That such Deputy Assistant Secretary shall report directly to the Assistant Secretary for Special Education and Rehabilitative Services.
4. That there be six positions for persons to assist the Department Assistant Secretary carry out his dutites including the position of Deputy Director.

Such requirements are nothing more than an updating of the thrust of the original EHA language in light of the statutes creating the Department of Education, and will serve to erase any potential future doubt as to the status of the agency responsible for special education programs. Bureaucratic structures in our age are critical reflections of Congressional policy, and cannot be left to chance.

We also request that the statute specify that SEP have administrative and planning responsibility for federal activities on behalf of gifted and talented children and youth. This responsibility previously resided with BEH and SEP. While there is presently not a program for the gifted and talented to administer, we urge that SEP be charged with overall program responsibility. We will discuss our rationale and other proposals for the gifted and talented later in the testimony.

National Advisory Committee

Mr. Chairman, in 1979, under the aegis of P.L. 91-230, the Congress created a National Advisory Committee on Handicapped Children (section 604, EHA). That committee functioned until its statutory termination on October 1, 1977.

CEC has not historically been an enthusiastic supporter of national advisory committees as a general proposition. We do recognize, however, that the advisory which functioned from 1970 to 1977 offered valuable insights and data which contributed significantly toward the important provisions to move the Nation forward toward full and appropriate educational opportunity for handicapped children. Our point is that at times national advisories, given a specific charge, given precise reporting time lines, and, most importantly, given the requirement that their findings and recommendations shall be transmitted to the Congress, can make a useful contribution toward informing and sensitizing the public in a particular area of national concern.

When the EHA was last reauthorized in 1977, a general effort was underway primarily from the new Carter Administration but with the cooperation of the Congress to eliminate as many national advisory committees as could be reasonably justified. In that spirit, while the statue authorizing a national advisory was retained in the 1977 EHA reauthorization, one short sentence was added at the end of that authority, "The Advisory Committee shall continue to exist until October 1, 1977." CEC did not see sufficient reason to quarrel with that termination.

However, as we struggle to maintain and promote compliance under P.L. 94-142 in the 1980's and 1990's, and at the same time enhance the quality of special education for each and every exceptional child during the same period, we feel that it would be valuable to reconstitute the national advisory as the

National Advisory Committee on Special Education. Many have been lately suggesting, on and off Capitol Hill, that a special commission should be created to further analyze regulatory issues in federal special education law. We are not certain that such a commission is necessary. On the other hand, reinstatement of an advisory committee which is already on the books, an advisory which could investigate and report on a number of issues before us at this time--whether the provision of related services, the achievement of qualified instructional personnel, the application of new technology, the provision of services from birth through five and 14 through 21, to name a few--could indeed be helpful.

Some would wonder if the existing National Council on the Handicapped (NCH) does not already serve this purpose. Our answer is: no. It was clearly understood from inception that this council would advise in matters primarily relating to the Rehabilitation Services Administration (RSA) and the National Institute for Handicapped Research (NIHR). The general lack of special education expertise on that council relfects this intent. Moreover, to add special education to the responsibilities of this council would be to give it more than it could reasonably handle.

Early Childhood Education

We would like to discuss improvements in the federal effort to provide early childhood services for handicapped children from birth through 5 years of age with specific reference to EHA section 619, the Preschool Incentive Grant Program, and section 623, the Handicapped Children's Early Education Program.

For some time it has been postulated that providing the preschool handicapped child early intervention services during this period of rapid learning and development would increase the possibility of lessening the effects of the handicapped. The research studies of the past decade confirm this hypothesis. Preschool intervention for handicapped children appears to:

1. Increase intelligence in some children.
2. Produce substantial gains in motor development, language, emotional stability, cognitive abilities and self-help skills.
3. Prevent the development of secondary handicapping conditions.
4. Reduce family stress.
5. Reduce child abuse.
6. Increase family income potential.
7. Reduce societal dependency and institutionalization.
8. Reduce by up to 50 percent the need for special class placement at school age.
9. Be cost beneficial by as much as 236 percent.

It is clear that preschool services for handicapped children are essential for handicapped children, their families, our schools and our society.

State education agencies (SEA) reported that in 1982, 227,801, 3-5 year old preschool handicapped children received special education services. The National Center for Educational Statistics estimates that in 1982 there were approximately 10,182,800 children ages 3-5. Thus 2.2 percent of the 3-5 population received special education services. It should be noted that Head Start reported that they served 41,339 handicapped children. However, we have no data on how many of the Head Start children are or are not in the SEA reported count. A highly conservative estimate of the percentage of the preschool population requiring special education services is 5 percent. Thus we are presently serving, by liberal estimate only, 50 percent of handicapped children ages 3-5 in need of special education.

The National Foundation-March of Dimes reported that more than 250,000 infants are born each year with birth defects that may lead to handicapping conditions. Another 50,000 infants are born premature and thus with substantial odds of becoming handicapped. While some progress is being made in serving the birth to three handicapped population, estimated conservatively to be over 500,000 children, no data exists on how many are being served. Sample studies suggest the number is minimal.

The Education of the Handicapped Act contains two major preschool components. The oldest is section 623, the Handicapped Children's Early Education Program (HCEEP). The primary purpose of the program has been to encourage the establishment of new effective early education services for handicapped children throughout the states and territories through supporting demonstration and outreach projects and technical assistance. A recent comprehensive evaluation of the program was conducted by Roy Littlejohn Associates, Inc. They reported that:

1. Projects serving 21,000 handicapped children exist in every state and in several territories, in urban as well as rural areas.
2. More than 30,600 children have been served in continuation projects at no cost to the HCEEP.
3. A total of 2,157 replications were identified; 1,991 as a result of outreach activities and 166 from projects in the demonstration phase serving over 100,000 children.
4. Replication programs are known to have served 107,850 children.
5. For each child served directly in the demonstration projects, 6.4 children received services through continuation of demonstration projects and through replication of projects.

6. For every HCEEP dollar expended in programming, $18.37 has been generated in programming for children and their families.
7. Fifty-five percent (55%) of the children who leave HCEEP demonstration project are placed in integrated settings with non-handicapped children which is less expensive than more specialized placements.
8. Sixty-seven percent (67%) of the children who leave HCEEP demonstration projects perform in the average and above average range in relation to their peers, according to staff of the regular and special education programs to which they graduate.
9. Eighty percent (80%) of the 280 projects are still continuing to serve children independent of HCEEP funding.
10. Extensive amounts of training have been requested and provided to personnel of other agencies.
11. More than 3,000 products have been developed by HCEEP projects and widely disseminated, many through commercial publishers.

The report concludes: "The accomplishments of the HCEEP projects as shown by the survey results are greater and more varied than for any other documented education program we have been able to identify."

The second preschool component of EHA is the Preschool Incentive Grant Program, section 619. Because the Congress would not fully mandate services to handicapped children ages 3-5 in P.L. 94-142, it established a financial incentive. For each 3-5 year old handicapped child served, a state would receive an additional $300. However, because of limited actual appropriations, states are only receiving approximately $110 per child. For states already committed to serving these children the funds are of great assistance, but for states with little or no commitment the incentive is not an incentive at its present level of funding.

A few additional observations:

1. Since 1980, there has been a 2 percent decline in the number of 3-5 year old handicapped children being served.
2. Fewer states mandate preschool services today than at the time of passage of P.L. 94-142.
3. Reductions in funding for health and social service programs is impairing preschool services particularly for the birth to three population.

The Council for Exceptional Children would like to recommend that:

1. The Congress fully fund the preschool incentive.
2. That states be permitted to count for reimbursement handicapped children from birth.
3. That the P.L. 94-142 mandates be extended to handicapped children from birth on a phased in basis.

However, we realize that these recommendations are probably not politically or economically realistic at this time. We therefore propose some more modest amendments:

1. Amend the preschool incentive (section 619) to permit states to utilize the funds to serve preschool handicapped children from birth to 5. Present law limits usage to children ages three through five.
2. Amend the HCEEP program (section 623) to add a new state planning and implementation authority in the area of early childhood. Let us emphasize, this new authority would be in addition to, and would in no way replace, the existing authorities and consequent programs for early childhood education under section 623 of the EHA. We would

recommend that federal grants be made available to state education agencies in liaison with other state agencies responsible for very young children to assist them in planning for the provision of special education and related services to handicapped and other developmentally delayed children from birth through 5 years of age. There would be three levels of grants:

a. A planning grant, $75,000 a year for a maximum of two years for states to have conceptualized a plan, but need resources to fully develop it.

b. A development grant, $100,000 a year for a maximum of two years for states who have completed a draft plan, but need to work out its detail and approval.

c. Implementation grants, $150,000 a year for a maximum of three years for states with approved state plans, but who need resources to develop policies and procedures and strategies for implementation.

Further, the Secretary should be required to provide technical assistance to the states. The Secretary would also have to report annually to the Congress on the state of preschool services, including specific required data. Finally, states would be permitted waivers from certain federal regulations which are found to interfere with the carrying out of their state plan. The cost of such an activity is estimated to be about $6,000,000.

Regional Education Programs

The Council is increasingly concerned that more concrete progress needs to be made toward meeting the continuing educational needs of exceptional persons beyond completion of a traditional elementary and secondary education. It is recognized that some exceptional persons will still require specially designed basic education beyond the age limits usually established for public education. Some states have extended the age ranges for some exceptional persons. However, little attention has been given to the role of special education in the education systems serving adults. Exceptional persons have lifelong learning or continuing education needs, as do all adults, beyond basic elementary and secondary education. Increasingly, communities are providing such opportunities to the general public, with apparently minimal regard for the special educational needs of exceptional persons. Moreover, the whole issue of effective transfer into the "world of work" still requires comprehensive national attention and action.

Beyond the EHA, CEC continues to work to establish a meaningful policy base on behalf of handicapped Americans in the following federal activities: vocational education; adult education; career education and lifelong learning; continuing education; and CETA, Youth Partnership, and other job training programs.

With respect to EHA, we recommend that section 625, Regional Postsecondary Education Programs, be expanded to provide for an enhanced model authority for programming in all areas of postsecondary education. At a minimum, we ask that the word "continuing" be included with the existing "vocational, technical, postsecondary or adult" authorities in the statute, and that the definition of "handicapped persons" be revised to conform to the existing definition of "handicapped children" in Part A of EHA, thus guaranteeing inclusion of the entire handicapped population as intended for all other programs.

Personnel Preparation

Part D of EHA, which provides support to institutions of higher education, state and local education agencies and other institutions and agencies for the purpose of preparing personnel for the education of handicapped children, is the oldest EHA authority (1958) and perhaps the program having the most significant impact on advancing and improving services of any of the EHA authorities. Twenty-five years ago the Congress recognized, as we do today, that the key to effective services for handicapped children is to develop and maintain an adequate and well prepared cadre of special education personnel. The majority of the personnel in the field of special education, from classroom teachers to administrators to university personnel, were educated in programs supported under Part D. A recent study in Illinois found that 87% of the graduates of special education teacher preparation programs in Illinois came from programs supported under Part D.

Perhaps the greatest challenge and test of Part D came following the passage of P.L. 94-142, and the commensurate need for significantly increased numbers of special education personnel. In the three school years from 1976-77 to 1979-80 the number of special educators employed increased by 43,000. Since it is estimated that the annual attrition rate in special education is 12 percent, as compared to 6 percent overall in education, the achievement is even more impressive.

Despite this progress, the Department of Education reported that in school year 1979-80 there were 3,200 vacant special education positions nationwide affecting an estimated 58,000 handicapped students. The Department of Education also reported an estimated shortfall of [illegible],864 prepared personnel in 1981-82. Despite the evidence that Part D significantly contributes to meeting the personnel needs of special education and the evidence that severe shortages still exist and will continue to exist, this program has suffered more from Administration budget reductions and policy fluctuations than almost any other.

We believe that recent actions by the Congress to restore some of the lost funds and new regulations by the Administration will provide the firm footing this program needs if it is to remain effective. We urge the subcommittee to reaffirm its support for Part D, and we offer only the following technical amendment.

Unlike other Parts of EHA which have both a grant and contract authority, Part D does not contain an authority for the Secretary to enter into contracts with institutions of higher education or state educational agencies to provide training opportunities for special education and support personnel. As a result, the Department must rely on general grant announcements in distributing these funds and does not have a means of concentrating at least a small portion of these funds toward specific categories of personnel, i.e., teachers of the emotionally disturbed, multihandicapped, orthopedically impaired, physical therapists, occupational therapists, and geographic areas, i.e., rural, where there are known shortages. In order that the Department have the means to begin to respond to these needs in a forthright fashion, we recommend that sections 631, 632 and 634 of Part D be amended to allow for a limited contracting authority. In this regard, we would recommend that the Congress specify that in any given fiscal year not more than 10 percent of the available funds could be used for this purpose.

Research and Demonstration

Research is the second oldest federal authority, coming a few years after the initiation of personnel development programs. With respect to the federal role in special education research, we are reminded of the criteria employed by the chairman of this subcommittee, Senator Lowell Weicker, to determine whether the federal government should be involved in a specific activity. If the free market private sector will do the job, fine; keep government out. If the private sector will not do the job, then state and local government should become involved. If state and local government will not assume responsibility, then the federal government should become involved. Education research is an excellent example of an activity which has historically required sustained federal support.

If special education is to serve children well, then it can be argued that the life blood of successful education is twofold: having trained professionals, and having the capacity to do the job. "Having the capacity" is directly related to the level of investment in research.

Mr. Chairman, in the years immediately following the enactment of P.L. 94-142, much of the resources available under the research authority of Part E of the EHA was directed toward implementation and evaluation of the implementation of that law. We would not quarrel with that emphasis during the first years of P.L. 94-142, but we urge the Congress to make clear that the essential and overriding mission under Part E should be intensive applied research toward improvement of the quality of instruction of all exceptional children. Research should focus on the continuing improvement of special education in the areas of methodology of instruction, instructional environment, and curriculum.

Moreover, we have said "applied" research rather than basic research. In the vital area of basic research, we would trust that the relatively new National Institute for Handicapped Research will carry primary responsibility, thus leaving Part E funds free to be directed toward application for practitioners and children.

Finally, we urge the Congress to stress, either in statute or report language, the critical importance of utilizing the Part E authority toward the continuing application of technology in special education instruction. Many examples may be cited on the potential of technology, but may we simply observe that, from 1980 to 1982, the number of microcomputers available in the schools for instructional purposes doubled. The increase is likely to be even higher in 1983 and 1984.

A careful reading of the Part E statute also suggests that this is the one authority in the EHA which may allow for model demonstration programs on a flexible basis, that is, not specifically targeted as elsewhere in the EHA on a specific group of children, i.e., early childhood education and the severely handicapped. We urge the Congress to make it clear that Part E does in fact allow for such a flexible program of model demonstrations because such an authority is urgently needed. Two target areas which provide examples of the urgent need to develop model demonstration activities may be found in the education of seriously emotionally distrubed children and in the area of secondary-transition education for all handicapped children.

With respect to secondary education, if high school is a momentous time for all of our nation's youth, the challenges that must be overcome for handicapped youth are truly staggering. This is the time when the basics learned in elementary education must come together to produce personal fulfillment, independent living, postsecondary education potentials, and realistic opportunity in the world of work. All of this occurs in the midst of an ever changing job market. Further, all of this occurs in the midst of the normal transitions of adolescence, compounded by the individual learning difficulties of one requiring continuing special education.

BEST COPY AVAILABLE

Thus far, model demonstrations have been traditionally in the elementary area. Secondary special education cannot be dealt with simply by an extension of elementary special education or by minor changes in existing secondary curricula. It is increasingly apparent that secondary level special education requires significant alteration in instructional methodology, organization, and structure. We urgently require a serious national investment in the preparation, testing, and replication of proven models in secondary special education.

The Education of Gifted and Talented Children

As the members of this subcommittee know, The Council for Exceptional Children also speaks on behalf of gifted and talented children and their special educational needs.

The history of recent federal activity in this area has not been encouraging. On October 6, 1971, the U.S. Commissioner of Education, Sidney Marland, submitted his now much quoted nationwide assessment regarding the status of gifted and talented education to the Congress. One of the clear messages of the Marland Report was: efforts to stimulate the development of gifted and talented programs through the use of unspecified federal appropriations were not benefitting gifted and talented children in any significant way. Partly as a consequence of that evidence, the Congress created in 1974, and later expanded in 1978—with the support of CEC—a modest but important program of federal support specifically for gifted and talented children. That program included a state and local support component; demonstration, research, and clearinghouse authority; and designation of a U.S. Office for Gifted and Talented Children, which was housed in the the Bureau of Education for the Handicapped.

But all of this was swept away and the evidence of the Marland Report was disregarded with enactment of the Education Consolidation and Improvement Act of 1981 (ECIA). The block grant proponents were given their day, and the gifted and talented program dissolved into that education block grant (Chapter 2, ECIA) along with most of the rest of the authorities under the prior Elementary and Secondary Education Act.

What limited information is now available on the actual use of the block grant by the states and local school districts with respect to gifted and talented education is not encouraging. The National Committee for Citizens in Education (NCCE) recently reported that only five states specified that a percentage of the funds going to local education agencies for educating high cost special needs children include gifted and talented children. The percentage varied from 10 percent in Alabama, Delaware, and Washington to 5 percent in New Jersey and 4 percent in Oregon. Even if the local districts adhered to these state-level prescriptions (whether they are required by law to do so is in doubt), this would represent only .5 percent of the $437 million distributed to the states in fiscal 1982.

Only slightly more encouraging news comes from a recent preliminary report to the U.S. Department of Education. Nineteen of the 24 states reporting indicated that their localities are utilizing the block grant for educational support for the gifted and talented, representing a total of $5.8 million and representing a percentage of 3.03 of the total Chapter 2 allocation. Nineteen states means less than half of the states, and when one factors in the territories, it could be argued that barely over one-third of all jurisdictions report allocations for gifted and talented education. It is also worth noting that the prior, targeted program was operating at $6 million in actual appropriations before being liquidated.

We do not mean to dismiss potential for gifted and talented children under the block grant. But the block grant approach does not constitute federal leadership at a time when the experts are saying that it is essential that the federal government return to its role as a catalytic agent. In fact, the history of efforts for gifted and talented children presents convincing evidence that the states and localities follow the lead of national trends and federal priorities.

For CEC the role of catalytic agent means vigorous federal activity in the following areas: professional training, inservice training, demonstration programs, innovation and development through research, and state leadership expansion and training.

The Council for Exceptional Children remains firmly committed to the inclusion of gifted and talented children within the exceptional child concept. It should be recalled that historically the majority of special educators have used the term exceptional in referring to all children with special needs (both gifted as well as handicapped) and likewise, as practitioners, have always perceived themselves as belonging to a profession committed to the education of all exceptional children. In addition, there are presently 28 states that administratively house their gifted and talented educational programs within their state-level Special or Exceptional Education Units or Divisions.

We believe, Mr. Chairman, that it is time for the Congress to signal again a priority concern for gifted and talented children and their special educational needs. We have a number of recommendations to again establish a federal leadership role in this area, but at this time we make the following specific recommendations:

1. That Special Education Programs within the Department of Education be required to include gifted and talented children as a priority population.
2. That, wherever appropriate, the Secretary-discretionary programs (EHA, Parts C through F) which are administered by the current SEP be expanded to include gifted and talented children as an eligible target population along with handicapped children.
3. That the reconstituted National Advisory Committee on Special Education include among its responsibilities issues relevant to the education of gifted and talented children.

Mr. Chairman, without going into great detail at this time, we would like to observe again that the proposed enlargement of the exceptional child base is by no means revolutionary. Many states, including Connecticut, have such a base, either in statutes or in practice. And again, in the special education profession there exists a long established common base of expertise with respect to the whole spectrum of exceptionality, handicapped children and gifted and talented children.

In conclusion, may we again thank you for this opportunity to offer written comment for the public record. We stand prepared to make the full resources of The Council for Exceptional Children available to this subcommittee as it fulfills its legislative charge with respect to reauthorization of the Education of the Handicapped Act.

Senator **Weicker**. I have no further questions. I think you have raised some very interesting points, and believe me, I am going to have staff work on this.

I might add, as we do increase our knowledge, we learn anew, and that is the whole business of science. There is no point in sticking with something that is 10 years old, or whatever, in the sense that you can improve the result, whether it is in terms of funding and the use of that funding, or whether it is in terms of the basic law itself. It would seem to me that these are two comparatively easy and necessary changes.

Dr. **Gallagher**. I think the interesting thing, Senator, is that there is almost near unanimity among the professionals in the field on the importance of that early time period, and it is only the administrative mechanisms that have prevented more effective movement forward in this area.

Senator **Weicker**. I think it is great.

Mr. **Weintraub**. Senator, on your question, your point earlier, about Public Law 94-142, in fact, our findings are that Public Law 94-142 in the preschool area has served as a disincentive; if States were not mandated to serve preschool, but mandated to serve the school age, and resources were tight, what happened was the States shifted their resources, so in fact, in some degrees, we have less going on under State action at the preschool level than we had before Public Law 94-142, simply because of the economic, legal, and other pressures, and I think we need to balance that out.

Senator **Weicker**. Gentlemen, thank you very much, for some very valuable testimony.

The next panel will consist of Dr. Dennis E. Hanley, the executive director of Mountain Plains Regional Center, and Dr. Wayne Sailor, professor at San Francisco State University, and President of the Association for the Severely Handicapped.

Gentlemen, it is a pleasure for the committee to have you both here. Obviously, both of you made a great effort to come a long way. Please proceed with your testimony, and I might have some questions to ask as we go along.

We will be informal, so you can unload. The idea here is obviously, to get your views on the record, but just as importantly, to help us in our task, and I can assure you that I do not pretend to have the expertise of any of the witnesses here today, and certainly, including those in front of me right now. That is why your visit here is so valuable to me.

Please proceed.

STATEMENT OF DR. DENNIS E. HANLEY, EXECUTIVE DIRECTOR, MOUNTAIN PLAINS REGIONAL CENTER, DENVER, COLO.; AND DR. WAYNE SAILOR, PROFESSOR, DEPARTMENT OF SPECIAL EDUCATION, SAN FRANCISCO STATE UNIVERSITY, PRESIDENT, THE ASSOCIATION FOR THE SEVERELY HANDICAPPED, SAN FRANCISCO, CALIF.

Dr. **Hanley**. Thank you, Mr. Chairman.

I am Dennis Hanley, executive director of Mountain Plains Regional Center, Denver, Colo., administering deaf-blind contracts in a nine-State region.

I sincerely appreciate the opportunity you have given me to testify before this subcommittee in regard to deaf-blind services. I came here today to communicate three basic messages to you.

First, administration, funding, and operation of day-to-day deaf-blind programs must become the sole responsibility of individual States. Second, Federal support and regional center provision of technical assistance must be continued and intensified. Third, the identity of deaf-blindness must be retained.

We, the centers, States, and local agencies, have been urged by the Federal administration to achieve State assumption of responsibility for program services. The nine State center I represent has achieved transfer of 65 percent of the funding responsibility for day-to-day programs, and 95 percent of the program evaluation responsibility to States.

This transition is not accidental; it has been purposefully and actively achieved to assure appropriate continuation of programs. My final report for the current 5-year contract will contain State assurances that current level of education programs will be maintained by State and local agencies. The transfer of these responsibilities is consistent with the position of the Forum Report in 1981, a national survey of all State departments of education, published in "The National Advocate" in 1982 and in a third study by the American Institute for Research in 1982. Further conclusions from all three studies and surveys support the need for deaf-blind centers to focus on technical assistance.

It is time for State and local education to assume responsibility for day-to-day education of deaf-blind children, with one exception. Educational services have not appeared to develop as rapidly in the trust territories; thus, current services would be jeopardized if support is removed.

It is time for leaders in the field of deaf-blind to again be on the cutting edge of further appropriate development. Deaf-blind program administration has become a manager of things, for example, operational budgets and compliance. When it had not been done, it was innovation; now it is duplication. We, as deaf-blind educators, must again lead people, become innovative, and carry appropriate services to the deaf-blind that next necessary step.

I am convinced that there are compelling reasons why Federal and regional support roles must remain and continue to provide technical assistance to the States.

The level of intensity of technical assistance needed in the area of deaf-blind services is like no other. Children who are identified deaf-blind by title VI-C have a very low incidence ratio—1 in 13,000—in the zero to 21 population, yet are distributed over all States, and are some of the most profoundly handicapped of the total population. Because the teachers and support staff serving these children are geographically isolated, providing staff development and training activities for them becomes extremely difficult for any single State. Regional centers can provide a structure for delivering technical assistance to States and their deaf-blind programs efficiently and economically. This emphasis and intensity is not likely to occur without a high-impact technical assistance effort.

An issue in services to the handicapped concerns integrating the deaf-blind population into that of the severe and profound population. That must not occur. There is a critical need to maintain the discrete identity of the deaf-blind population.

The severe and profound classification is a broad, all-encompassing term, identifying anyone who functions at a very low level. Deaf-blindness, also qualifying as severe and profound, identifies a person with a specific handicap indicative of specific service needs. Still, there are similarities in some areas, and I encourage you to enable centers to share training and development activities with those who provide services to the severe and profound.

Because of the obligation to serve all handicapped children, States cannot afford to expend the time and effort to further develop and improve services for small populations. I can only conclude there is a compelling reason for a continued Federal and regional role for deaf-blind services.

The following recommendations are respectfully submitted: (1) Enact continuing legislation requiring clear identification of the deaf-blind handicapping condition; (2) transfer regulatory, fiscal, and program administration to State and local agencies, except in the trust territories; (3) establish multi-State centers to provide technical assistance to the deaf-blind population; (4) enable centers to extend services beyond the scope of the State education agency in the development of appropriate services; (5) enable deaf-blind centers to cooperate and share technical assistance activities with State and local programs serving the severe and profound; (6) focus priority on preschool children, zero to 5, and adolescents, 15 to 21; (7) identify the direction technical assistance will take by stating a specific scope of work consistent with the studies cited; and (8) establish a voluntary commitment process for States to participate in technical assistance activities.

Mr. Chairman, I thank the committee for the opportunity to testify and I stand for your questions.

[The prepared statement of Dr. Hanley follows:]

UNITED STATES SENATE
SUBCOMMITTEE ON THE HANDICAPPED
TESTIMONY OF DENNIS E. HANLEY

Chairman Weicker, members of the Senate Subcommittee on the Handicapped, I am Dennis Hanley, Executive Director of Mountain Plains Regional Center, Denver, Colorado, administering deaf-blind contracts in a nine-state region. I sincerely appreciate the opportunity you have given me to testify before this subcommittee in regard to deaf-blind services and Title VI-C programs. In addition to presenting my prepared testimony, I respectfully submit myself to your questions.

I came here today to communicate three basic messages to you. First, administration, funding and operation of day-to-day deaf-blind education programs must become the sole responsibility of individual states. Second, federal support and regional center provision of technical assistance must be continued and intensified. Third, the identity (classification) of deaf-blindness must be retained.

In 1970, PL 91-230, Title VI-C, Section 622, created Deaf-Blind Centers and directed them to develop and implement services for deaf-blind children. Those services were implemented and have been maintained through 1983. It is appropriate that states now assume and continue the management of day-to-day educational programs. It is time for Deaf-Blind Centers to redirect their attention to innovation and development of services needed but not yet available to deaf-blind children. Federal funds have almost always been used in this manner.

We, the Centers, states and local agencies, have been urged by the federal administration to proceed toward gradual state assumption of responsibility for program services. To this date, the nine-state region I represent has achieved transfer of sixty-five percent (65%) of the funding responsibility for day-to-day educational programs and ninety-five percent (95%) of the program evaluation responsibility to states

BEST COPY AVAILABLE

with only monitoring activity performed by the Center. This transition is not accidental; it has been purposefully and actively achieved to assure appropriate continuation of programs. My final report for the current five-year contract will contain signed good faith assurances, by each state, that current level of day-to-day educational programs will be maintained by state and local agencies. The Center has, in this transition, become extensively involved in significant technical assistance referred to in Workscope Options[1] (Attachment #1).

Responsibility of States-Day-to-Day Programs

The transfer of day-to-day program responsibility is consistent with the position of the FORUM Report[2] (Attachment #2) published in 1981, a national survey of all state departments of education published in The National Advocate[3] in 1982 (Attachment #3) and in a third study by the American Institute for Research[4] in 1982 (Attachment #4). Further conclusions from all three studies and surveys support the need for Deaf-Blind Centers to focus upon technical assistance.

It is time for state and local education to assume direct fiscal and program responsibility for day-to-day educational services to deaf-blind children with one exception. Educational services have not appeared to develop as rapidly in the trust territories, thus, maintenance of service developed would be jeopardized if support is removed.

It is time for the states to assume the management of an established and on-going program in deaf-blind education. It is time for leaders in the deaf-blind field to emerge, to again be on the cutting edge of further appropriate and overdue service development. Deaf-blind program administration has become a manager of things, for example, day-to-day programs, operational budgets, and compliance. When it had not been done,

---

[1] Workscope Options

[2] FORUM Report, "Selected Issues in Service Delivery to Deaf-Blind Children," July 31, 1981.

[3] The National Advocate, Vol. IX, No. 3, May 16, 1982, "Service Continuity for Deaf-Blind Children."

[4] American Institute for Research, September, 1982, "Evaluability Assessment of the Deaf-Blind Centers and Services Program."

BEST COPY AVAILABLE

it was innovation; now it is duplication. We, as deaf-blind educators, must again lead people, become innovative and carry appropriate services to the deaf-blind that next necessary step.

Regional Centers - Vehicle for Technical Assistance

I am convinced that there are compelling reasons why federal and regional support roles must remain and must continue to provide technical assistance to the states. The studies and surveys I cited earlier have all reached this same conclusion. My own Board of Directors for the Mountain Plains Regional Center has set this direction for the nine states in our region.

The level and intensity of technical assistance needed in the area of deaf-blind services is like no other. Children who are identified deaf-blind by Title VI-C have a very low incidence ratio (1 in 13,000) in the 0-21 population and yet are distributed over all states, and are some of the most profoundly handicapped of the total population. Because of this, the teachers and support staff serving these children are unique and geographically isolated. Providing staff development and training activities for them becomes difficult, if not impossible, for any single state. In addition, these same training activities and other technical assistance needs to be provided for professionals serving the deaf-blind who are separate from the educational agency such as staff under the divisions of rehabilitation, social services, developmental disabilities or health.

Regional Centers can provide a structure for delivering this technical assistance to states and their deaf-blind programs efficiently and economically. Appropriate and focused attention, not possible through traditional education, can be given by Regional Centers to the needs identified in the studies cited. Emphasis and intensity can be directed to innovative development that is not likely to occur without a high impact technical assistance effort.

Deaf-Blindness - Retain Identity by Classification

An issue in services to the handicapped concerns integrating the deaf-blind population into that of the severe and profound as a single category. That must not occur. There is a critical need to maintain the discrete identity of the deaf-blind population. The severe and profound classification is a broad, all-encompassing term, identifying anyone who functions at a very low level. Deaf-blindness, also qualifying as severe

BEST COPY AVAILABLE

and profound, identifies a person with a specific handicap indicative of specific service needs. Still, there are similarities in some needed service areas and I encourage you to enable centers to share training and development activities with those who provide service to the general population of severe and profound where appropriate and feasible.

Without identity a body of expertise, experience and directed effort to deaf-blind will disappear. Because of the obligation to serve all handicapped children, states cannot afford to expend the time and effort (intensity) to further develop and improve services for small populations. Finally, the combined disabilities of deafness and blindness, and, in many cases, added to other disabilities create learning obstacles that grow in size geometrically not additively. Teaching methods and activities cannot be applied by adding those of deafness to those of blindness with any hope of success. The best example is in the area of teaching the child to communicate. A child who is deaf-blind at birth (80-85% of those in my region) is catastrophically limited in the human senses necessary to form a language system. While there have been advances in this area, there is much to be done. Loss of deaf-blind identity will result in loss of focus on need for further development. I can only conclude that there is a compelling reason for a continued federal/regional role in technical assistance for deaf-blind services.

The following recommendations are respectfully submitted:

1) Enact continuation legislation requiring clear identification of the deaf-blind handicapping condition;
2) Transfer regulatory, fiscal and program administration of day-to-day educational and related services to state and local agencies, except in the trust territories;
3) Continue regulatory, fiscal and program administration of day-to-day educational and related services to deaf-blind children in the trust territories and provide those territories with technical assistance;
4) Establish multi-state centers to provide technical assistance to the deaf-blind population;

5) Enable deaf-blind centers to extend services beyond the scope of the state education agency in the development of appropriate services, for example, to institutions, developmental disabilities.

6) Enable deaf-blind centers to cooperate and share technical assistance activities, where appropriate and feasible, with state and local programs serving the more general handicapping condition of severe and profound;

7) Focus priority on pre-school children, 0-5, (early intervention) and adolescents, 15-21, (transition to adult services);

8) Identify the direction technical assistance will take by stating a specific scope of work consistent with the studies cited, (example is provided in Attachment #1).

9) Establish a voluntary commitment process for states to participate in technical assistance activities.

Mr. Chairman, I thank you and your committee for the opportunity to present my testimony. I place myself at your disposal for questions.

(Note: In the interest of economy, certain attachments accompanying Mr. Hanley's prepared statement were retained in the files of the committee.)

Senator **Weicker**. Thank you very much.

Dr. Sailor?

Dr. **Sailor**. Thank you, Mr. Chairman.

I am Wayne Sailor, and I am with the San Francisco State University, department of special education, and current president of the Association for Severely Handicapped.

I very much appreciate the opportunity to respresent severely handicapped children and their parents and giving this testimony.

The children that I am talking about are primarily severely retarded, may also have other multihandicapping conditions, and in general are encompassed within the lowest functioning one percent of the population. I think that the first statement that is probably clear to all of us in this room is that the severely handicapped child and young person of this country has benefited enormously from Federal involvement, particularly from the passage of Public Law 94-142. Just 8 years ago, I was employed as a psychologist in a mental retardation hospital. I was responsible for developing treatment programs for individuals on wards within that hospital. There was very little mobility from the institution to the community—in fact, virtually none, I think it is safe to say. There were large numbers of children in beds, getting bedsores, being improperly positioned, improperly fed, very little attention being paid to skill development, and so on and so on.

Those exact same sort of children today are in special classes in regular public schools; they get around in all aspects of the community including recreational facilities, including stores—all of the places that one would expect to see the same age person with no disabilities, we are now seeing the same severely handicapped kids that formerly were warehoused in hospitals.

I am sorry to say that not all of these children are being reached in the same way. We continue to operate mental retardation institutes, and we continue to see children who deserve and, I think, are entitled to much better.

I believe that one of the most important aspects of the Federal involvement in the outcome has been the increased visibility of severely handicapped children in the population. In the city that I work, San Francisco, I am pleased to be able to tell you now that we are fully integrated in San Francisco. There are no severely handicapped children or young people in a segregated, handicapped-only facility for their education. All of the programs for severely handicapped students are now located in regular public schools or private schools in San Francisco.

That increased visibility has enabled the children who are nondisabled to begin to enlighten their parents on what these kids are all about, and I think that is having a very beneficial impact in California and the bay area.

Education of severely handicapped kids has undergone two major phases, I think, since passage of Public Law 94-142. The first was the effort to develop a curriculum to meet the educational needs of the kids. The early efforts of curriculum development tended to be patterned after some earlier work that had been done on preschool and early childhood kinds of developments, and it led to what we called the cognitive development and age discrepancy-based curriculum efforts. These efforts to teach severely handicapped children the kinds of skills that would be characterized by preschool programs and by normal kindergarten programs and so on, I think was beneficial in one sense, and that is that it led to a very, very strong teaching technology to be developed, because these skills for the most part were very low in their motivation for severely handicapped children, and it was difficult to teach them, and it led to the efforts to train very, very sophisticated and competent teachers.

The real breakthrough in education of the handicapped occurred recently, I think, in about 1979, when we shifted from a cognitive-based curriculum to what we now call a functional life skills curriculum. We made a decision that what severely handicapped children need educationally is everything that we can give them to increase their ability to function independently in a normal community in the post-school years, and that brought very much into focus the issue of where education should take place. It now becomes necessary, and I think absolutely appropriate, to serve severely handicapped children in the most normal environment possible, and we believe that now to be the regular public school. The involvement of the nondisabled age peer has proven to be a critical aspect in this curriculum development, and if we are going to succeed in increasing independence and making nondeadend sorts of job placements possible for very severely handicapped persons, then we have to begin that process early. We have to be in multiple-community environments. We have to have regular, face-to-face and daily contacts between our students and nondisabled age peers. The nature of that contact, we believe, should be not only a friendship and a social contact, but should also have instructional capabilities built into it as well, in the sense of peer tutors.

Because of the relatively small amount of time that has passed since this conceptual shift occurred in our own program development, we see the need for a continued strong Federal presence in the education of the handicapped, specifically for severely handicapped children.

These programs, as you know, Mr. Chairman, are very expensive at the local school district and State level. They are difficult to manage relative to the more familiar special education programs for less severely disabled children, and there is a tendency to segregate and isolate severely handicapped populations in the absence of a strong Federal incentive to do otherwise.

Up to now, the services to severely handicapped children have been by general authority and by Department of Education policy, rather than by specific, designated authority for severely handicapped children.

Should Congress continue a major discretionary law to direct education of handicapped students? The answer, we feel, is a definite "yes." We feel the needs of severely handicapped children for improved competencies in their teachers to carry out a functional life skills curriculum, to improve service delivery models certainly mandate a strong continuing Federal presence. We additionally would hope that the statutory language specific to the growing needs of severely handicapped students could be added to the existing education statute.

I have addressed six concerns that I would like to see included in some form in that specific language if this is pursued.

The first issue is related services. We continue to have a problem at the local school district level and at the State level in the provision of needed therapy services and other related services to severely handicapped students. There seems to be a great deal of confusion concerning who is responsible for the payment of services and the provision of these services. We find jurisdictional fights over cost and administration. Finally—one of the things that has been of most immediate concern to us—is the tendency for related services to seek to tie individuals to more restrictive placements. The argument here is we can only provide physical therapy if we put all these kids over here where we can have a therapist and an office and a therapy room and so on. We now know that that is not the case. We would like to see statutory language clarify the relationship between the concept of the least restrictive environment and the provision of related services.

The second issue has to do with Dr. Hanley's discussion on the integration, or lack of integration, of deaf-blind services with severely handicapped programs. I think we have possibly a minor philosophical or conceptual disagreement on that particular issue. I would like to see a much closer integration of services and programs for deaf-blind individuals and severely handicapped programs. I think the technologies of the two are parallel, they are closely related; I think we benefit each other, and I would like to see those programs amalgamated—particularly with respect to secondary programs and the development of meaningful least-restrictive environment high school vocational training and so on with deaf-blind students.

The third issue has to do with early childhood programs for severely handicapped children. We agree with the earlier panels' presentations. We feel that programs for early childhood have particularly benefited mildly and moderately disabled very young children. We would like to see specific new early childhood procurements that would stress severely handicapping conditions.

We would like to see special language under this section for research and demonstration projects for severely handicapped young children and with a mandate that these programs also be carried out in the least-restrictive environment, particularly in regular public schools, where we maximize interaction with kindergarten programs.

The fourth issue is personnel preparation. We consider this to be extremely important. A recent issue of "Education Times," volume 4, reported a survey of personnel placement officers at universities around the country. The survey revealed a shortage of special education teachers that was second only to the shortage of math and science teachers. The specialization of severely handicapped with the specialized training that is necessary for teachers to work in a functional life skills curriculum with this population is particularly vulnerable in the absence of a strong Federal effort in personnel training.

My own university, the Department of Special Education is one of the largest three departments in the country, and yet, in the classes that I and my colleagues teach in education of severely handicapped students, I will find only seven or eight trainees enrolling in these courses. The universities are unhappy with classes that are seven and eight. We are under very strong pressure to close a class out if we do not have at least 14 students in it. My feeling is that without continued strong Federal support, we would be at jeopardy to be able to provide university and college-based training with the severely handicapped specialization.

We also would like to see inservice training be returned to its previous high priority within the personnel training specifications. Many of the teachers hired to educate severely handicapped children and youth up to 1979 lack the competencies to carry out a functional life skills curriculum, and to effectively utilize the presence of nonhandicapped age peers in the instructional process. We believe that a strong Federal role in procuring that inservice training effort would be very helpful.

The fifth point, demonstration projects. Research, innovation, development, and demonstration projects for severely handicapped children have come out of a general pool of funds for all programs of this type. We would like to see specific procurement for severely handicapped children to facilitate continued research and innovation and development.

Finally, instructional technology, computer applications for our specific population—we would like to see new language in statute that would facilitate the movement into the education of severely handicapped students of some of the current breakthroughs that are occurring nationally in science, technology, and the applied use of computers. We would like to see this authorization call for specific research and development as well as demonstration activities, and appropriate training in the uses of computer technology, with specific application to severely handicapped students. The uses and development of specialized adaptive equipment for the enhancement of vocational and community living schools, uses and development of specific communication devices and their relationship to computer technology, and uses and development of specialized equipment for the enhancement of mobility.

Thank you.

[The prepared statement of Dr. Sailor follows:]

TESTIMONY BY WAYNE SAILOR, PH. D., PRESIDENT, THE ASSOCIATION FOR SEVERELY HANDICAPPED

I very much appreciate this opportunity to provide testimony pursuant to Education of the Handicapped. I shall in this testimony address specifically the needs of severely handicapped children and youth, that is, students who are severely retarded and who may be possessed of additional severe disabilities. The children for whom I speak have benefitted enormously from the free appropriate education that was guaranteed to them in 1974. We now see children, who only a decade ago were hidden away and treated as if they were primarily possessed of medical problems in regular public schools, in restaurants, shopping centers, public recreational facilities, and in all of the places that their non-handicapped age peers frequent. It is this increased visability that has resulted from the passage of the Education of the Handicapped Act that we believe has been so largely responsible for the heightened national awareness of the need for special education and the preservation of the principle of appropriate education for all students with disabilities.

Our progress in the education of severely handicapped students has undergone two major phases from its inception in 1974 to the present day. In the first phase that lasted until approximately 1979, an enormous effort was expended in developing appropriate education curricula, in constructing a viable service delivery system and in preparing the first cadre of leadership and specialized personnel to deliver this new educational experience. Then in the second phase, beginning at the turn of the present decade, a very significant conceptual shift occurred in the definition of the curriculum needs of severely handicapped students.

During the first phase, cirriculum developed for education of severely handicapped students was based on earlier work growing largely out of preschool-handicapped early intervention programs. The content of these programs stressed discrepancies between age-expected skill levels of normal children and severely handicapped children in cognitive development and in IQ-related behaviors. If a child, for example, happened to be 12 years old and yet could do none of the kinds of things that are exhibited in a typical pre-school program with non-handicapped three or four year olds, then the basis for an educational program for the handicapped child was often found to be an effort to teach precisely those pre-school kinds of skills. The importance of the educational environment had not been realized to any significant degree prior to 1979.

In the second phase it was recognized that the content of an appropriate educational program should take a very different form. It became recognized that the most important needs of severely handicapped students were for functional life skills that would enable them to live with increased independence in normal community environments in the post-school years. Now, for the first time, the full importance of where the educational program takes place became realized. As an outgrowth of that realization, we now see that the only appropriate educational environment for a severely handicapped student is one in which non-handicapped students of the same age range are also receiving their education. The presence and involvement of these non-handicapped peers in now recognized as a critical and extremely important factor in the implementation of a functional life skills curriculum.

It is precisely because of this major conceptual advance in the education of severely handicapped children and youth that we see the need for a continued strong federal presence in education of the handicapped. Federal programs for severely handicapped students have been of extreme importance because these low-incidence populations have proven to be very expensive and difficult to manage relative to the more familiar special education programs for less severely disabled children. Furthermore, there is a strong national tendency to segregate and isolate the severely handicapped populations in the absence of strong federal incentive to do otherwise. Up to now this federal role has been accomplished by general authority and by Department of Education policy rather than by specific, designated authority.

So, to address the question, "Should the Congress continue a major discretionary law to direct the education of handicapped students?", the answer, we feel, is a most definite yes. The needs of severely handicapped students for improved competencies in their teachers to provide a functional life skills curriculum and the needs for improved curriculum and service delivery models that reflect education in the regular public and private school would certainly mandate a clear and strong continuing federal presence. Additionally, TASH would strongly recommend that new language specific to the growing needs of severely handicapped students be added to existing education statute. The specific content of this new language should, we believe, address at least the following major concerns:

1. Related Services: TASH is very concerned that at the local school district level there continues to be a great deal of confusion concerning the provision of related services where specified in a student's Individualized Educational Plan (IEP). This confusion result from jurisdictional fights over who is responsible for the cost and administration of these related service programs. In some cases, the services are tied to restrictive environments such that, for a particular student to receive therapy services, the same student must sacrifice the curriculum advantages of education in an integrated and less restrictive placement. We, therefore, recommend that statutory language clarify procedures for the provision of related services at the local level and specify the related services must not be confined to more restrictive educational services.

2. Combination of Resources with Those Provided For Deaf-Blind Children: Specialized deaf-blind programs were organized to combat the crisis precipitated by the rubella epidemic. They served a very useful function during the early years in our attempts to cope with sizeable numbers of deaf-blind children. Rubella is gone and those children have now reached adolescence and their educational programmatic needs need to be fully integrated with general services to all severely handicapped students. TASH recommends that specialized deaf-blind centers be phased out and that particular attention be paid to the vocational and integrated community living needs of all students with severe sensory impairment, but in a manner that is consistent with the development of programs and materials for other severely handicapped youth.

3. EARLY CHILDHOOD PROGRAMS FOR SEVERELY HANDICAPPED CHILDREN: It is felt that these programs for more mildly disabled young children have been extremely beneficial and should be continued. We feel, however, that additional specific new early childhood procurements for severely handicapped children should stress research and development and should concentrate on best curriculum practices. We would like to see special language under this section for research and demonstration projects with severely handicapped young children mandate that these programs be carried out in regular public and private school placements so as to be in close proximity to and interchange with kindergarten programs.

4. Personnel Preparation for a Severely Handicapped Specialization: The need for highly trained specialist teachers in large numbers throughout the country continues today. A recent issue of Education Times (Vol. IV) reported a survey revealed a shortage of special education teachers second only to the shortage of math and science teachers. TASH therefore recommends that personnel training, particularly for leadership and specialist personnel in the education of severely handicapped students, be mandated as a high priority item. These training programs are very expensive to mount at the level of the Instutute for Higher Education (IHE). They tend to be characterized by low enrollments of only seven or eight students per class. For this reason, there are strong pressures to do away with specialized courses and, sometimes, the entire specialization training effort. Federal support to severely handicapped training programs offsets this tendency. The same argument holds true for specialized leadership preparation at the doctoral level.

TASH further recommends that inservice training be returned to its previous high priority within personnel preparation specifications. Many of the teachers hired to educate severely handicapped children and youth up to 1979 lack the competencies to carry out a functional life skills curriculum and to effectively utilize the presence of non-handicapped age peers in the educational process. An outreach effort to upgrade the skills of these teachers is urgently needed.

5. Demonstration Projects: TASH recommends that specific language be developed to recognize that legitimate need for innovation and development projects for the school-age severely handicapped population. Presently, centers for research and curriculum development, such as reflected in the current Institutes for Severely Handicapped Research, receive their appropriations piecemeal from existing general research funding. Innovation and development projects for severely handicapped children and youth should stand on their own specific procurement, grounded in statutory language. This language should clarify what is meant by model programs and should direct authorization specifically to the development of educational programs that occur in the presence of educational programs for non-disabled, age peers and that include deaf-blind children and youth as a part of the severely handicapped procurement.

6. Proposed New Part - Instructional Technology for the Severely Handicapped Population: TASH recommends that a new authorization be provided to facilitate the movement into the education of severely handicapped students to current national breakthroughs in science and

technology and the applied use of computers. This authorization should call for specific research and development, as well as demonstration activities, and appropriate training in the uses of computer technology with specific application to severely handicapped students; uses and development of specialized adaptive equipment for the enhancement of vocational and community living skills; uses and development of specific communication devices and their relationship to computer technology; and the uses and development of specialized equipment for the enhancement of mobility.

I sincerely hope that this testimony is useful to the Subcommittee, and I wish to state that TASH stands ready to commit its resources to assist in any way to develop legislation that will continue to benefit its constituent population.

Thank you.

Senator **Weicker**. Thank you very much, Dr. Sailor. I appreciate your testimony.

I only have one question, and that is for Dr. Hanley. Dr. Sontag has told the subcommittee that the Department of Education can confidently shift the focus of the centers away from direct services, since the States now have the capacity to provide these services. To what extent are the State and local education agencies assuming the responsibility for providing direct educational services for the deaf-blind children?

Dr. **Hanley**. Senator, in my nine State region, in 1981–1982, 65-percent assumption was achieved by our member States. Projected for the current fiscal year, they have projected 80 percent assumption. So, we are looking at a 20-percent assumption differential for the upcoming year for day-to-day education programs.

Senator **Weicker**. I suppose, then, my next question would be, even though they are assuming, how well are they doing?

Dr. **Hanley**. I think they are achieving that function of day-to-day service quite well. What is needed, and what they have expressed to us, and others around the country, through the surveys that have been conducted is that they continue to need other support kinds of services because of geographical isolation, and those support services are such things as varied kinds of technical assistance, program development, et cetera.

Senator **Weicker**. Well, I thank you very much, and I might add, too, you must take great pride in, in effect, changing the public conception; it is possible, under the toughest circumstances, and I admire both of you very much for the work you are doing.

Thank you very, very much.

Dr. **Hanley**. Thank you.

Dr. **Sailor**. Thank you. I also admire you, Senator, for what you are doing.

Senator **Weicker**. The last panel will consist of Dr. Katharine Butler, director of the Division of Special Education and Rehabilitation, Syracuse University, and Dr. Robert Black, director of the Office of Programs for the Handicapped, Department of Education, Columbia, S.C.

Is Senator Thurmond in the room? I know that he especially wanted to introduce Dr. Black.

Staff. He is coming.

Senator **Weicker**. He is coming. I will tell you what that means, those of you who do not know the Senate. He is coming," can mean 1 minute, it can mean 15 minutes. I am guilty of this, and this is not Senator Thurmond; this is all of us.

I think what I would like is to proceed with the testimony, and when Senator Thurmond gets here we will afford him the opportunity to introduce Dr. Black.

Dr. Butler, it is nice to have you here, and please proceed.

STATEMENT OF DR. KATHARINE G. BUTLER, DIRECTOR, DIVISION OF SPECIAL EDUCATION AND REHABILITATION, SYRACUSE UNIVERSITY, NEW YORK; PRESIDENT, HIGHER EDUCATION CONSORTIUM FOR SPECIAL EDUCATION AND REHABILITATION AND DR. ROBERT S. BLACK, DIRECTOR, OFFICE OF PROGRAMS FOR THE HANDICAPPED, DEPARTMENT OF EDUCATION, COLUMBIA, S.C.

Dr. BUTLER. Thank you, Senator Weicker.

I am most appreciate of your invitation to comment on the reauthorization of EHA. I am director of the Division of Special Education and Rehabilitation at Syracuse University and am the current president of the Higher Education Consortium for Special Education.

It is critical to review section 631, part D, Training Personnel for the Education of the Handicapped, and I would like to particularly comment on the recently issued regulations by the Department of Education, which are really more in tune with the times and provide more appropriate strategies for meeting the current and projected shortages of qualified special education personnel throughout the United States.

My address this morning will focus upon the need for qualified personnel as well as for quantity of personnel.

Certainly, the Department is to be commended for a needed refinement of existing regulation. They reflect a modification in the direction of preservice support for personnel training. They will be of maximum benefit to handicapped children, their education, and their families.

In my view, it is appropriate that the first priority be to continue to support personnel training programs and institutions of higher education which provide special education training.

It is particularly important that this priority focus upon preservice education at this time. Certainly, Public Law 91-230 was originally designed to provide teachers and other specialists as a cadre of uniquely qualified individuals to meet the needs of handicapped youngsters.

Certainly, recent reports across the Nation continue to reflect a dramatic shortage of qualified personnel, as Wayne Sailor has indicated. The number is somewhere between 43,000 and 67,000 special education teachers needed to serve the kinds of children we have heard described today. A September 1982 national survey reported that personnel shortages were in many categorical areas, with severe shortages of teachers for the emotionally disturbed, the speech impaired, the learning disabled and the severely handicapped, as we have heard.

Attrition is a problem in the majority of States. For example, the attrition rate for teachers of the autistic averages 50 percent. Most studies of teacher shortages do not even take into account either attrition or the use of unqualified personnel. A very recent study, February 1983, surveyed all State departments of education and found, for example, that speech language pathologists were in significantly short supply in 39 of the 50 States. Twenty of those States with vacancies—and these are real vacancies, not a wish-for list—those States have reduced the certification requirements in order to meet the shortages, and they use less than qualified personnel. However, even with such a reduction, the strategy has not been successful, and the shortages remain. This is true throughout all of special education. The strategy of attempting to utilize less than qualified individuals may well result in a disservice to the handicapped children they purport to serve.

In fact, if all factors were considered, the needs for trained personnel are undoubtedly considerably higher than the reported 43,000 to 67,000. This is not only a national concern; it must now be a Federal priority.

The only possible way to provide an appropriate education for all handicapped children is to assure, by an adequate level of Federal support, preservice preparation. It is only through a longitudinal effort that the needs for qualified personnel will be met. It is regrettable to note that 30 percent of special education teachers in some States are on temporary or emergency credentials. It is even more regrettable that we must expose our most vulnerable children to individuals, be they regular or special educators, without sufficient training to serve them well. To utilize ill-prepared individuals is to court disaster over time.

Indeed, an integral part of this long-term training initiative should include the preparation of leadership personnel—that is, doctoral level training. This priority is long overdue and will yield a direct benefit to handicapped children. The training of higher education personnel will provide the necessary leadership in research, development and evaluation. It is only with the continuing Federal interest and support that the needs of the Nation for leaders in special education can be met.

Personnel training programs have undergone, as you know, a sizable reduction in Federal support over the past several years. At best, in the face of this shortage, this is shortsighted, since quality training programs take decades to build but may be decimated in a much briefer period. Presently proposed budget cuts in the 1984 Federal budget of $15.7 million is counterproductive to any attempts to overcome current personnel shortages. Preservice training funds, when available, significantly assist in attracting the best and the brightest students.

I would like now to speak briefly to a number of other priorities.

Senator WEICKER. I will tell you what I am going to do, because I have some questions for you, and I know that you have got some more on your statements. I am delighted to hear some of the comments that you are making, because I will tell you, it will educate my colleagues around here. They think that regular educators and special educators are one and the same thing. You can sort of throw them all in the same basket, throw them out there, and they will do the same job. I think you are making some excellent points here for all of our edification.

What I would like to do now is, since Senator Thurmond has many other obligations, and I know he would like to introduce Dr. Black, why don't we have Senator Thurmond introduce Dr. Black, and after that, I am going to return to you, Dr. Butler, and then we will go back to Dr. Black.

Senator Thurmond?

Senator **Thurmond**. It is a pleasure for me to come before this subcommittee and such a distinguished chairman, and I am honored at this time to present to you the next speaker. I am very pleased and proud, Mr. Chairman, to introduce today Dr. Robert S. Black, director of programs for the handicapped in the South Carolina State Department of Education.

Dr. Black is currently serving as president of the National Association of State Directors of Special Education. Dr. Black completed his undergraduate work at my alma mater, Clemson University. He received his masters in education from the University of Virginia and obtained his Ph. D. from the University of Miami in Florida. He was a teacher in the public school system for 7 years, where he taught the handicapped. Dr. Black was also the local director of Special Education in Florida for 5 years.

Mr. Chairman, in addition to these credentials, Dr. Black has been the director of the office of programs for the handicapped in the South Carolina State Department of Education for 10 years.

I commend the selection of this fine, capable, experienced man to testify before this distinguished subcommittee, and I feel that his remarks should be very helpful to the subcommittee.

Thank you very much, Mr. Chairman.

Senator **Weicker**. Thank you very much, Senator Thurmond, and with the exception of Dr. Black's attendance at Princeton—was that where he went—that was a very unfortunate choice of institutions, but I am sure that he will be able to weather that, because whatever he did, he made up for lost ground when he went to the University of Virginia, which is where I also went, after I graduated from Yale.

Senator **Thurmond**. Well, I might mention that in addition to Clemson being No. 1 in football the year before last, they also have very fine scholarship.

Senator **Weicker**. Very good. Well, it is very nice of you, Senator, to be with us.

Senator **Thurmond**. Thank you, Mr. Chairman.

Senator **Weicker**. Dr. Butler, why don't you, if you could, conclude your remarks. Then, I will wait on the questions. We will give Dr. Black a chance to talk, and then I will ask questions of both of you.

Dr. **Butler**. Fine, thank you.

I would like to address just a few of the other priorities. I was going to comment on the preparation of related services personnel. We heard earlier comments on that.

Personnel trained within this priority continue to be needed—individuals who provide developmental, corrective, and other supportive services. Both preservice and inservice are essential for such individuals—for example, psychologists, school nurses, and so forth—to permit them to provide the appropriate services to handicapped children.

The specialized training of regular educators as a priority reflects the continuing commitment to the needs of handicapped children, as well. While local education agencies and State education agencies have moved strongly to meet this need, the monumental size of the task must be recognized. There are 16,000 local education agencies in the United States. It has been estimated that $84 million would be necessary to meet the inservice needs of regular educators. Thus, adequate funding certainly remains a problem. However, it should be noted that 5.6 percent of part B funds have been allocated to this effort, which supports, then, in turn the inservice training funds made available through part D.

The preparation of trainers of parents and volunteers also reflects an area of support to be continued. Parent centers have been successful and have effectively demonstrated their ability to make a contribution. Parents, incidentally, are least likely to be served under any contemplated inservice funding, but their role in the Public Law 94-142 process is indeed critical.

Finally, States have been required to submit comprehensive personnel development plans, called CSPD's and to establish statewide inservice training programs. The training and research activities of personnel preparation programs in higher education should be joined with CSPD programs in particular to address the serious inservice training needs we just referred to.

In summary, the shift in emphasis represented in the proposed regulations should be supported within the context of the reauthorization of Public Law 91-230. It is a positive step in the correct direction. A Federal role is crucial to meeting a national need.

[The prepared statement of Dr. Butler follows:]

TESTIMONY BEFORE

THE SENATE SUBCOMMITTEE ON THE HANDICAPPED

RELATIVE TO

REAUTHORIZATION OF SECTION 631, PART D

TRAINING PERSONNEL FOR THE EDUCATION OF THE HANDICAPPED

Katharine G. Butler, Ph.D.

Director
Division of Special Education and Rehabilitation
Syracuse University

President
Higher Education Consortium for Special Education

March 23, 1983

In considering the reauthorization of the Education of the Handicapped Act, it is critical to review Section 631, Part D--Training Personnel for the Education of the Handicapped as well as the proposed regulations which would implement Part D of EHA, as amended. These recently issued regulations by the Department are more in tune with the times and provide more appropriate strategies for meeting the current and projected shortages of qualified special education personnel throughout the United States.

Perhaps the most significant portion of the proposed regulations deals with the new priorities for support of personnel training contained in Subpart B, Section 318.10. The Department of Education is to be commended for a needed refinement of existing regulations. The most significant portions of the proposed regulations appear to be the proposed priorities, which reflect a modification in the direction of preservice support for personnel training, which, when implemented, would be of maximum benefit to handicapped children, their education, and their families.

In my view, it is appropriate that the first priority be to continue to support personnel training programs in institutions of higher education which provide special education training. It is of particular importance that this priority focus upon preservice education at this time, since this reinforces the original intent of Section 631, which was (1) to provide training of professional personnel to conduct training of teachers and other specialists; (2) to provide training for personnel engaged or preparing to engage in employment as teachers of handicapped children, as supervisors of such teachers, or as speech correctionists or other special personnel providing special services for the education of handicapped children, or preparing to engage in research in fields related to the education of such children; and (3) in establishing and maintaining scholarships for personnel to be trained. P.L. 91-230 was designed to provide teachers and other specialists as a cadre of individuals uniquely qualified to meet the needs of handicapped youngsters.

The Fourth Annual Report to Congress (1982) by the Department of Education stated that, when P.L. 94-142 was enacted, it quickly became clear that neither the types nor the number of staff required to implement the goal of providing a free appropriate public education to all handicapped children were available. Recent reports across the nation continue to reflect a dramatic shortage of qualified personnel, with the number ranging from 43,000 to 67,000. A September, 1982, national survey (Schofer and Duncan) reports that there are personnel shortages in many categorical areas, with severe shortages of teachers for the emotionally disturbed, speech impaired, learning disabled and severely handicapped.

Attrition is reported to be a problem in the majority of states. For example, the attrition rate for teachers of the autistic averages 50%. Most studies of teacher shortages do not take into account either attrition or the use of unqualified personnel. An example of a very recent study (February, 1983) which surveyed all State Departments of Education found that speech-language pathologists were in significantly short supply in 39 of the 50 states, including Washington, D.C. Twenty of the states with vacancies have reduced certification standards to meet the shortages and currently use less than fully qualified personnel. Even with a reduction to unqualified personnel, the shortages remain. As throughout all of special education, the strategy of attempting to utilize less than qualified individuals to serve the handicapped is fraught with difficulties and may well result in a disservice to these children. If all factors were considered, the needs for trained personnel are undoubtedly considerably higher than the reported 43,000 to 67,000. This is not only a national concern; it must now be a federal priority.

The only possible way to provide an appropriate education for all handicapped children is to assure, by an adequate level of federal support, preservice preparation. It is only through a longitudinal effort that the needs for qualified personnel will be met. It is regrettable to note that some states have up to 30% of their special education teachers on temporary or emergency credentials. It is even more regrettable that we must expose our most vulnerable children to individuals (be they regular or special educators) without sufficient training to serve them well. To utilize ill-prepared individuals is to court disaster over time. Only long-term support of field-based teacher education programs with the capability to deal with children with special needs can meet the intent of P.L. 94-142.

An integral part of this long-term training initiative should include the second priority established in these proposed regulations, i.e., the preparation of leadership personnel. This priority is long overdue and will yield a direct benefit to handicapped children. We are pleased to note that this priority reflects the national interest in the training of higher education personnel who will provide the necessary leadership in research, development and evaluation. Only with continuing federal interest and support can the needs of the nation for leaders in special education be met.

Overall, personnel training programs within institutions of higher education have undergone sizeable reductions in federal support over the past several years. At best, this is short sighted, since quality training programs take decades to build, but may be decimated in a much briefer period. Presently proposed budget cuts in the 1984 Federal budget of -$15.7 million is counterproductive to any attempts to overcome the current personnel shortage. Preservice training funds, when available, significantly assist in attracting the best and the brightest students. Support for such individuals is not only critical in today's economy, but is essential for the delivery of services to handicapped children and their families now and in the future.

The priority which addresses preparation of related services personnel continues previous efforts to support this group, and should remain a priority of importance. Personnel trained within this priority include paraprofessional and professional individuals who provide developmental, corrective and other supportive services. Both preservice and inservice are essential for such individuals (for example, psychologists, school nurses, etc.) to permit them to provide the appropriate services to assist handicapped children to benefit from special education. (Preservice personnel training of certain types of specialists, for example, early childhood educators, educators of the severely handicapped, vocational special educators and adaptive physical educators occurs under the first priority, preparation of special educators.)

The specialized training of regular educators is also of concern, and its retention as a priority reflects a continuing commitment to the needs of this group. Inservice training of regular educators and administrators is frequently considered to be the province of local and state education agencies. While LEA's and SEA's have moved strongly to meet this need, the monumental size of the task must be recognized. There are 16,000 local education agencies in the U.S. and it has been estimated that 84 million dollars would be necessary to meet the inservice needs of regular educators. While adequate funding remains a problem, it should be noted that 5.6% of Part B funds have been allocated to this effort, thus supporting inservice training funds made available through Part D.

The priority regarding the preparation of trainers of parents and volunteers also reflects an area of support to be continued. Parent centers have been successful in their operation and have effectively demonstrated their ability to make a contribution. The inclusion of this group is consistent with information stipulated in earlier legislative hearings. In addition, parents are least likely to be served under any contemplated inservice funding, but their role as parents and their participation in the P.L. 94-142 process is critical.

The Comprehensive System of Personnel Development (CSPD) is supported in principle by a majority of professionals. Its implementation among states has been very uneven (Applied Management Sciences 1983 report). States have been required to submit plans for such a comprehensive system and to establish collaborative statewide development of inservice training programs. Certainly, the needs for inservice training remains; the report indicates that 41,000 special educators and 700,000 regular classroom teachers have serious and unmet needs. As reported here and by Powers (1983), it is also evident that there is a significant need for closer interaction and coordination between institutions of higher education and State Department of Education's CSPD personnel. The training and research activities of institutions of higher education should be joined with the field and inservice activities of CSPD personnel to provide practitioners with the necessary translation of research into practice.

In summary, the shift in emphasis represented in the proposed regulations should be supported within the context of the reauthorization of P.L. 91-230. It is a positive step in the correct direction for the training of special educators and the remediation of current shortages. A federal role is crucial to meeting this national need.

Senator **Weicker**. Dr. Black, I did not mean to insult you. I understand it was Clemson, not Princeton; is that right?

Dr. **Black**. That is correct, Clemson.

Senator **Weicker**. I will grudgingly take back my insult, but anyway, I see we both landed at the same place for a few years for postgraduate study at the University of Virginia, which I thoroughly enjoyed.

It is nice to have you here, and I am delighted that Senator Thurmond could introduce you. He obviously has a great esteem for you, having made the appearance here.

Please proceed.

Dr. **Black**. Thank you, Chairman, and I thank Senator Thurmond for such a generous introduction.

I am indeed Robert S. Black. I am president of the National Association of State Directors of Special Education and State director for programs for handicapped children in the South Carolina State Department of Education.

In preparing my testimony, I have solicited input from State directors of special education throughout the United States. Therefore, my testimony purports to represent a consensus of national opinion from that body with regard to the regional resource center programs.

The passage of Public Law 94-142 was clearly landmark legislation. State departments of education and local school districts did not at the outset know how they were going to comply fully and properly with all of the act's provisions. Basically, the early years under the act were devoted to the implementation of its basic requirements. Simultaneously, States began to assess problem areas under the act and often turned to Regional Resource Centers for technical assistance in developing solutions to these problems.

In a number of cases, regional resource centers were able to develop solutions to immediate problems. In other instances, resource centers were able to provide for the sharing of information and solutions among States which proved to be both valuable in a programmatic and an economic sense.

Time does not permit a lengthy discourse of past RRC achievements. I did bring along additional documentation of those achievements which I have shared.

I would, however, with the briefest of litanies, include some of the achievements of the past. One, as part of assessment activities, RRC attempts to define thoroughly the problems prior to seeking solutions. Public Law 94-142 brought, for example, problems in new directions and new imperatives traditionally outside the realm of State departments of education.

RRC's have developed a vast collection of information and promoted sharing of these findings among States. Regional resource centers have been able to link States to the best information available nationally. With their flexibility, they have developed concepts for service delivery specific to regions and States, that is, interagency agreements, facilitated curriculum development, developed training programs and retraining programs. They have brokered expert consultants when concerns beyond their expertise had to be addressed.

Regional resource centers are uniquely structured and therefore complement State department and local school district personnel. They are able to employ and access persons who possess specific areas of expertise not traditionally located in these units. Employment practices and limitations of funds preclude short-term employment of expertise needed in a variety of areas; that is, financial theory, high technology, social policy, law, medicine, basic and applied research, ad infinitum. The listing may well be infinite, for handicapped children and systems to serve them transcend many disciplines and fields of knowledge.

Special education programs within the U.S. Department of Education cannot really provide the kinds of technical assistance needed by States and localities. Even a massive increase in staff at that level still could not impact significantly on all 16,000 school districts in the United States.

The role and function of State education agencies is in constant transition, precipitated by confounding and often contradictory variables—economic swings in stability, political action at local, State and Federal levels, population shifts, increasing knowledge of the handicapped children we serve, and the rise of an alternative society with changing demographies.

As I perceive the evolution of Public Law 94-142 and its further implementation, a number of persistent problems confront State departments of education and local school districts. Based on the past achievements of regional resource centers, it seems logical that such a structure is in a unique position to facilitate resolutions to these challenges.

First, we need to continue progress in those areas mentioned earlier. It would appear ill-advised to discontinue this work at a time of increased demands with diminishing resources.

The explosion of high technology holds great promise for the instruction of handicapped children. While microcomputers and software readily come to mind, there are other questions associated with computer-assisted instruction. What disabled children can best be taught through computer instruction? Under what conditions and to what degree? What does a classroom look like for such children, and such teaching methods?

There are other aspects of high technology to be considered. The science of neurometrics is emerging, networking, genetic engineering and so on. All would seem to have an impact on the instruction of handicapped children. A great deal remains to be done in developing systems to accommodate due process through mediational procedures and other techniques to insure equity to all.

The regional resource center must continue its role of serving as a vehicle for communication and the exchange of ideas among States, for needs are clearly going to continue to change.

If meaningful interagency agreements are to continue to be written and further refined, the RRC has the capability to assist with this need. They have gained a greater amount of knowledge in this area in the past and this, coupled with the fact that they are not part of the State education agency, places them in an ideal position to lend meaningful assistance.

For these reasons, and many others that time does not permit me to detail here, I would urge that the regional resource centers be continued. Their continued role as a partner in the education of handicapped children is critical. We in the individual States often lose perspective on problems and issues that affect our daily operations. The RRC's can broaden our perspectives and help us to bring improved programs to our Nation's handicapped children.

Thank you, Mr. Chairman, for permitting me to share the views of the State directors of special education.

[The prepared statement of Dr. Black follows:]

TESTIMONY

Regional Resource Centers

March 23, 1983

Robert S. Black

President, National Association of State Directors of Special Education (NASDSE)

Director of Programs for the Handicapped,

South Carolina State Department of Education

U. S. Senate Subcommittee on the Handicapped

Lowell Weicker, Chairman

My name is Robert Black. I am President of the National Association of State Directors of Special Education and Director of the Office of Programs for the Handicapped in the South Carolina State Department of Education. My colleagues and I are most appreciative of the opportunity to testify on behalf of the Regional Resource Center concept.

In preparing my testimony, I have solicited input from state directors of special education throughout the United States. Thus, my comments purport to reflect a consensus of national opinion from State Departments of Education.

The passage of P. L. 94-142, The Education of All Handicapped Children Act, was, indeed, landmark legislation. Clearly, this legislation set forth a federal commitment for full educational opportunity for our nation's handicapped children. Such an undertaking was, and is enormously complex. State departments of education and local school districts did not know how they were going to comply with all of the Act's provisions. Basically, the early years under the Act were devoted to the implementation of its basic requirements. Simultaneously, states began to assess problem areas under the Act and often turned to Regional Resource Centers for technical assistance in developing solutions to these problems.

In a number of cases, RRCs were able to develop solutions to immediate problems. In other instances, RRCs were able to provide for the sharing of information and solutions among states which proved to be valuable in both a programmatic and an economic sense.

Time does not permit a lengthy discourse of past RRC achievements; however, the briefest of litanies would include:

(1) As part of assessment activities, RRC attempts to define thoroughly the problems prior to seeking solutions. This is significant in that areas traditionally outside of special education came into play with the advent of P. L. 94-142.

(2) RRCs have developed a vast collection of information and promoted sharing of these findings among states.

(3) RRCs have been able to link states to the best information available nationally.

(4) With their flexibility, they have developed concepts for service delivery specific to regions and states, i.e., interagency agreements, facilitated curriculum development, developed training and re-training programs.

(5) They have brokered expert consultants when concerns beyond their expertise had to be addressed.

Regional Resource Centers are uniquely structured and, therefore, complement state department and local school district personnel. They are able to employ and access persons who possess specific areas of expertise not traditionally located in these units. Employment practices and limitation of funds preclude short term employment of expertise needed in a variety of areas; that is, financial theory, high-technology, social policy, law, medicine, basic and applied research. The listing may well be infinite, for handicapped children, and systems to serve them, transcends many disciplines and fields of knowledge.

Special Education Programs within the United States Department of Education cannot really provide the kinds of technical assistance needed by states and localities. Even a massive increase in staff at that level still could not impact significantly in the problem areas with which I am acquainted.

The role and function of State Education Agencies is in constant transition precipitated by confounding, and contradictory, variables, i.e., economic swings in stability, political action at local, state and federal levels, population shifts, increasing knowledge of the handicapped children we serve, and the rise of an alternative society with changing demographies.

As I perceive the evolution of P. L. 94-142 and its further implementation, a number of persistent problems confront state departments of education and local school districts. Based on the past achievements of RRC, it seems logical that such a structure is in a unique position to facilitate resolutions to these challenges.

First, we need to continue progress in those areas mentioned earlier. It would appear ill-advised to discontinue this work at a time of increased demands with diminishing resources.

The explosion of high technology holds great promise for the instruction of handicapped children. While microcomputers and software readily come to mind, there are other questions associated with computer assisted instruction. What disabled children can best be taught through computer instruction? Under what conditions? To what degree? What does a class for such children look like?

There are other aspects of high technology to be considered. The science of neurometrics is emerging, networking, genetic engineering and so on. All would seem to have an impact on the instruction of handicapped children.

A great deal remains to be done in developing systems to accommodate due process through mediational procedures and other techniques to ensure equity to all.

The RRC must continue its role of serving as a vehicle for communication and the exchange of ideas among states, for needs are clearly going to continue to change.

If meaningful interagency agreements are to continue to be written and further refined, the RRC has the capability to assist with this need. They have gained a greater amount of knowledge in this area in the past and this, coupled with the fact that they are not part of the State Education Agency, places them in an ideal position to lend meaningful assistance.

For these reasons, and many others that time does not permit me to detail, I would urge that the Regional Resource Centers be continued. Their continued role as a partner in the education of handicapped children is critical. We in the individual states often lose perspective on problems and issues that affect our daily operations. The RRCs can broaden our perspectives and help us to bring improved programs to our nation's handicapped children.

Thank you for permitting me to share the views of State Directors of Special Education.

Changes in Characteristics of State Education Agencies Impacting on Services to Handicapped Children

- ** As a result of a reduction of fiscal support for State Education Agencies, there has been a substantial reduction in staffing throughout the nation. Thus, State Education staff are compelled to expend almost all of their time in compliance monitoring (Public Law 94-142) and program maintenance.

- ** Owing to low turnover in SEA positions retained, there is limited access to new information and/or specialized practices.

- ** Reduced funding to obtain external consultation.

- ** Increased resistance to allocation of funds for services to handicapped children due to competition for finite resources.

- ** Variances among states in program characteristics.

- ** Difficulty in direct and immediate access to relevant information on individually defined state needs.

The Need For Reauthorization/Continuation of Regional Resource Centers

** There is no other substantive program of technical assistance available to State Education Agencies from the federal government.

** A greater priority exists for inter-agency, collaborative programs.

** There is a significant increase for involvement of state educational agencies in related service areas (as defined by Public Law 94-142).

** There is an increased emphasis on the use of case law and judicial processes in determination of rights and responsibilities for service.

** A persistent need focuses on information sharing linkage systems to capitalize on best practices and products from state and national research and demonstration activities.

** Owing to broadened age ranges and increased knowledge of handicapped children, there is a significant increase in the need for pre-service and in-service training for general and special education personnel.

** There is a marked increase in technology for application to instruction, management, communication and functional augmentation.

PARTIAL DOCUMENTATION OF PAST ACHIEVEMENTS THROUGH REGIONAL RESOURCE CENTERS

The Department of Education funded the Communication Technology Corporation of New Jersey in an effort to assess the overall capacity building accomplishments of the Regional Resource Center (RRC) program. Their report stated the following:

1. The RRC program has shown impact at both the state education agency (SEA) and local education agency (LEA) level. SEA ratings of RRC services in building state capacity to implement Public Law 94-142 are positive. At the LEA level, knowledge of the requirements of P. L. 94-142 have increased because of RRC activities. The dissemination efforts, materials developed and the training conducted by the RRCs have all contributed to the advancement of the level of knowledge about the implementation of P. L. 94-142.

2. RRC clients regard the RRC as an excellent general resource delivery system.

3. As a result of RRC services, there is added capacity to provide educational materials, trained teachers and positively affect the implementation of IEPs.

4. Local special education directors and parents surveyed, indicated that RRC instigated services have had an impact on appraisal and evaluation services at the local level. Parents also indicated that RRC services have had an impact on IEP implementation.

5. There is evidence that RRC services have had a positive impact on the attitudes of LEA directors of special education, teachers and parents toward IEPs.

Source: An evaluation of the Regional Resource Centers, conducted by the Communication Technology Corporation of New Jersey, funded by the Department of Education.

The Tennessee SEA provides a specific example of the impact an RRC can have on an SEA, for many of the practices introduced by the Mid-South Regional Resource Center have been adopted by the SEA. For instance, a technical assistance model designed by the RRC, is being used by the SEA to assist its LEAs; vision efficiency materials and training once provided by the RRC are now being provided by the SEA; and an instate team of trainers was formed by the SEA to provide training for all their field-based staff in the child services review system that was introduced by the RRC.

Source: Impact evaluation conducted by the Mid-South Regional Resource Center.

The Mid-Atlantic Regional Resource Center developed a training "kit" for IEP implementation in cooperation with West Virginia's eight regional coordinators. The state disseminated these teacher-oriented materials to the fifty-five LEAs and they are being used by regular and special education teachers across the entire state.

Source: Impact evaluation conducted by the Mid-Atlantic Regional Resource Center.

A training package developed by RRC West for training regular classroom teachers in California has been used to train 2,557 teachers in that state.

Source: Impact evaluation conducted by the RRC West.

The Mid-South Regional Resource Center assisted the state of Kentucky in developing a series of five parent information booklets concerning community resources, development of community support, the educational process, the professionals working with handicapped children and keeping a child's records. The booklets have been reprinted three times with a recent reprint of 15,000 copies. A fourth reprint is planned for 44,000, to be followed by a request for another 120,000 copies.

Source: Impact evaluation conducted by the Mid-South Regional Resource Center.

The Mid-South Regional Resource Center has developed handbooks for parents in Delaware, West Virginia and North Carolina to guide them through the education process. The handbooks were customized for each state and have been disseminated to parents throughout the three states with 10,000 copies already distributed in North Carolina and West Virginia. Also, the RRC has completed an updated adaptation of the guide for parents in Maryland.

Source: Impact evaluation conducted by the Mid-Atlantic Regional Resource Center.

The Illinois SEA has adopted portions of the "Report on Extended School Year Programming" developed by the Mid-West RRC and has incorporated it into the guidelines it disseminates to LEAs for future planning.

Source: Impact evaluation conducted by the Mid-West RRC.

The Special Education RRC at Syracuse, New York, coordinated a multi-state, multi-region agreement establishing minimum program standards and interstate monitoring standards for private schools serving children with handicaps. Massachusetts and New Jersey have signed the agreement and the remaining New England states are expected to sign soon.

Source: Impact evaluation conducted by the Special Education RRC.

As a result of the Mid-West RRC's assistance in evaluating the IEPs of state schools, the Department of Elementary and Secondary Education in Mississippi is considering ways to adapt the evaluation design to study IEPs and public schools across the state.

Source: Impact evaluation conducted by the Mid-West RRC.

The Mid-West RRC analyzed a major Illinois school system to determine where in the evaluation and placement process backlogs occurred. The results were used to make changes in the evaluation/placement process.

Source: Impact evaluation conducted by the Mid-West RRC.

As a result of a statewide bilingual conference conducted by the New England RRC, five school districts in Rhode Island created a consortium for the purpose of consolidating resources and strengthening direction/support for bilingual handicapped programs in their region.

Source: Impact evaluation conducted by the New England RRC.

The Mid-South RRC developed with the state of Virginia a State Education Agency/Institution of Higher Education conference model to increase knowledge and cooperation between SEAs and IHEs responsible for a comprehensive system of personnel development. This model has been implemented in Virginia, as well as Tennessee, and is planned for use in Kentucky.

Source: Impact evaluation conducted by the Mid-South RRC.

As a result of a conference for state legislators designed by the New England RRC, state directors of special education reported an increase in communication with key state legislators, and conference participants indicated they felt more competent to handle the problems and issues in special education.

Source: Impact evaluation conducted by the New England RRC.

A Futures Conference sponsored by four Regional Resource Centers - Florida, Oregon, Minnesota and Iowa - provided exposure for the first time to regular education bosses of special education directors on how RRC's and state directors work together to accomplish state activities. This snould provide a pilot for multi-state endeavors that would prove to be a most efficient and cost effective service delivery strategy for the states.

Source: Impact evaluation conducted by the participating RRCs.

The Intermountain Plains RRC was concerned about rapid transmission of data, SEA decisions and the need for best practices information and the use of electronic information transmission of data through microcomputers. Representatives from six states - Colorado, Montana, Utah, North Dakota, South Dakota and Wyoming - attended a computer technology conference. As a result, four of the six states - Montana, South Dakota, North Dakota and Wyoming - in collaboration with the Intermountain Plains RRC, conducted statewide microcomputer application conferences.

Source: Impact evaluation conducted by the Intermountain Plains RRC.

The Mid-South RRC staff has provided consultation to the Tennessee SEA staff regarding the purchasing and installation of microcomputers, programs for special education, and data tracking and management in 147 LEAs in the state.

Source: Impact evaluation conducted by the Mid-South RRC.

The Mid-West RRC developed an agreement with the state of Iowa which called for the RRC to assist small teacher training colleges in revising courses to include information on how to teach handicapped children in general education classes and their rights to an education.

Source: Impact evaluation conducted by the Mid-West RRC.

The South Atlantic RRC developed information for two state technical assistance papers relative to compliance with Florida's new specific learning disabilities State Board rule. Thirty-three hundred copies of the paper were printed and distributed to every local regular and special education administrator, as well as college and university personnel. This material is now used in eligibility determination in every district in Florida. One paper presented the new rule, presented variations from the previous rule and clarified sections of the rule for LEA service providers. The second paper presented tables showing certified cut-off scores (one consideration in determining eligibility) for various IQ and achievement tests. This paper also presented general test and measurement information and discusses how these scores would be used in determining eligibility.

Source: Impact evaluation conducted by the Mid-Atlantic RRC.

Senator **Weicker**. Thank you very much, Dr. Black.

Dr. Black, in a recent evaluation study of the regional resource centers, sponsored by the Department of Education, there was a recommendation for the program to be more responsive to the changing needs of the State and local agencies. I would like to know from you how the regional resource centers are implementing this recommendation.

Dr. **Black**. In my judgment, Mr. Chairman, with all the variances among States, I think a good illustration of that would focus on the development and implementation of interagency agreements to bring full services to handicapped children. The State I live and work in, for example, is organized quite differently than our sister States of North Carolina and Georgia. Not only do we have to grapple with all the constraints, motivations, and so on and so forth, of all those agencies in effective full service delivery, but we oftentimes need to cross State lines and transcend it to a regional-type operation.

In response specifically to your question, then, in the last 3 years particularly, I have found that regional resource centers have focused very well on regional-type problems confronting State departments of education.

Senator **Weicker**. Thank you very much.

Dr. Butler, in your testimony, you support a shift in training priorities from inservice to preservice. While this shift will assist us in meeting the dramatic need for qualified personnel—a shortage, I might add, that is estimated anywhere between 43,000 and 67,000—how should we address the ongoing needs of inservice training for special and regular educators?

Dr. **Butler**. Certainly, no one would deny the need for continuing inservice of regular educators and special educators. In fact, I believe it is estimated that 740,000 individuals in those two categories have inservice training needs.

Funding is, of course, the issue. It is simply a matter of strategy as to how best to meet inservice needs, because they truly exist. Meeting inservice needs through national discretionary funding, such as part D funds, may well, however, be impractical due to the extensive amount of funding which is required. Part D funding for inservice, I feel, should continue to support inservice experimentation and the development of exemplary models of inservice delivery a catalytic approach, which is best exemplified at the national level and at the level of funding possible for part D.

On the other hand, part B funding is potentially available to meet local and State inservice training needs. As previously noted there are 16,000 local education agencies, and it is estimated that $84 million would be necessary to meet inservice needs of regular educators, at even a minimal level.

Certainly, then, we would suggest that additional funding for inservice be provided under part B, and that part D moneys focus on experimentation and model development. It would seem impractical to attempt the training of more than 700,000 teachers within a Federal discretionary program with limited resources. It is a matter of resources and where you might wish to place them, but the need is evident.

Senator **Weicker**. Dr. Butler, thank you very much, and Dr. Black, thank you. It was a great pleasure having both of you appear before this committee.

I can assure each one of you that your comments will provide valuable input into the work product of the committee.

Now, my good friend, Senator Boschwitz, has arrived. We had great testimony from Mr. Lauritsen from Minnesota. You should know that. They acquitted themselves well, and now, we are going to get a little added testimony.

Senator **Boschwitz**. We are going to get a little added testimony about the program and about Bob Lauritsen. I was supposed to be here to introduce Bob, but the Foreign Relations Committee was called to meet with Secretary Schultz at 9:15, and so I was unable to be here. But you and I, Mr. Chairman, have talked about Bob Lauritsen and the program for the deaf that we have in St. Paul, a number of times. I have been there—I have been there two or three times, I think—and I have a great interest in the deaf and can sign very slowly, and indeed, I think that this is one of the best programs that I know of in Minnesota. While Bob Lauritsen's name does not appear on the front page of the newspapers as ours may from time to time, because he is not in political life, nevertheless he is one of the real contributing members of Minnesota's and indeed, the national community, in what he does for other people who are handicapped. It is just a marvelous program, and I am sorry I was not here to introduce him and to speak about it before.

Senator **Weicker**. Senator Boschwitz, thank you very much.

The Senator has been enormously active, Bob, not just for your programs on Minnesota, but indeed, in behalf of the handicapped and the disabled throughout the country, and we very much appreciate your attendance here.

Senator **Boschwitz**. Thank you.

Senator **Weicker**. Thank you all very much.

At this point additional statements and material submitted for inclusion in the hearings follow.

[The following material was received for inclusion in the record:]

ADDITIONAL STATEMENTS

STATEMENT OF SENATOR DANIEL K. INOUYE before the Subcommittee on the Handicapped of the Senate Labor and Human Resources Committee

RE: Rehabilitation Needs of the Pacific Basin

Mr. Chairman:

I am pleased to testify in favor of my proposal to provide for the establishment of a comprehensive Pacific Basin Research and Training Center under the authority of the National Institute for Handicapped Research in order to address the many unique and critical health and rehabilitation needs of the Pacific Basin. This notion has evolved after several years of discussion with my colleagues, Senator Weicker, Randolph and Matsunaga. Our proposal seeks to initiate a systematic process of long-range planning for and training of appropriate personnel to address the rehabilitation needs of this region so that in ten to fifteen years, individuals will finally be receiving high quality services appropriate to their needs.

At the end of the 96th Congress during our deliberations on the Continuing Resolution for the Department of Education, House and Senate conferees unanimously agreed that the department should give high priority to the special needs of the Pacific Basin in its plans for long-term initiatives. I can assure you that this proposal has the enthusiastic support of the Governors of the Pacific Basin, who on many occasions, have expressed to me their concerns about handicapped persons within their areas of jurisdiction. In addition, I expect inter-agency cooperation from the Alcoholism, Drug Abuse, and Mental Health Administration (ADAMHA) of the United States Public Health Service in this proposed comprehensive effort. Since that time, our Appropriations Committee has addressed this matter in virtually every bill that we have passed that addresses the Department of Health and Human Services and Department of Education.

The Pacific Basin includes American Samoa, Guam, Hawaii, the Commonwealth of the Northern Marianas Islands, and the Trust Territory of the Pacific Islands. These American territories, for which the federal government has special responsibilities to provide health and welfare services, is comprised of over 2,141 islands spread over more than 3.5 million square miles - an area roughly equivalent to the land mass of the continental United States. There are at least 11 local and national governments with complex relationships to the U.S. government. Most of these islands are small and sparsely populated. Communication and transportation facilities range from good in Hawaii to spasmodic and unreliable in the remote Trust Territories. The population of approximately 1.25 million people is composed of many different ethnic groups with diverse cultural and linguistic traditions. As a result of these geographical, social, and cultural characteristics, logistical problems in the delivery of health and rehabilitation services pose a special challenge to traditional patterns of service delivery.

Actively addressing the rehabilitation problems of the Pacific Basin is, in my judgment, long overdue. Unless one has actually had the opportunity to visit the Pacific Region, the lack of some of the most rudimentary health care components is simply incomprehensible. To state perhaps the obvious, the level of health care in a society affects the overall quality of life for all citizens and an individual's aspirations for the future. Yet, available estimates of health problems of this area only begin to suggest some of the critical problems faced by individuals living in the Pacific Basin. Hearing disorders are rampant. Many of the Pacific Islands of the Trust Territory and on Guam harbor serious local diseases of viral nature which attack the central nervous system and affect hearing, eventually leading, to paralysis and death. Serious middle ear infections are an almost foregone conclusion for many inhabitants of the islands. The resultant transient and permanent losses of hearing are virtually unattended.

In the Marshall Islands, nearly half of those 50 or over have diabetes. The incidence of childhood leukemia in Ponapae and Kosrae is 10 times the expected rate. Incidence of high blood pressure in Guam and the Northern Marianas is 35 percent for those over 30 years of age. Major alcoholism and drug abuse problems continue unchecked. Adolescent suicide rates are among the highest in the world. Tuberculosis remains a serious health problem for both children and adults.

The meaning of these numerically based descriptions when translated into human terms is particularly poignant. To be a handicapped person in the Pacific Basin is to experience "triple threat" - for not only is an individual handicapped, but he or she is likely to be poor, unemployed or underemployed, and a member of an ethnic group for which rehabilitation services now existing may not be appropriate.

The need for trained rehabilitation personnel, facilities, and appropriate delivery systems in the Pacific Basin cannot be overstated. All are nonexistent. Furthermore, there is a complete absence of ongoing training programs to rectify this critical situation. In all of the Trust Territories, there is only one registered physical therapist, 14 expatriate physicians, and 36 Fiji-trained medical officers, all of whom are in their mid-fifties with no new ones in the training pipeline. The Pacific Region is plagued by the lack of employment opportunities for its residents. Most of the young and middle-aged migrate to Hawaii and the continental United States, leaving a population of the very young and old. Here is an unprecedented opportunity to train native professionals and paraprofessionals to serve some basic health needs of their region.

A comprehensive Research and Training Center for the Pacific Basin region would provide much-needed information for future planning and long-term program development in the Pacific Basin. Further, I am confident that such a center would indeed contribute significant knowledge to the entire National Institute for Handicapped Research system of research and training centers, especially in the areas of native American programs and truly rural approaches. Such a center is relevant to several expressed National Institute for Handicapped Research priority areas, including the rehabilitation of handicapped individuals living in underserved, rural areas, the development of service delivery systems for multicultural and multilingual populations, and demographic studies of rehabilitation needs. Further, it is my understanding that although service to minority populations is a priority of the National Institute for Handicapped Research, last Congress only 0.4 percent of its funds were spent in this area.

Mr. Chairman, I respectfully request that prompt and favorable attention be given to this critical measure by your subcommittee. I would also like to submit for the record the testimony of Dean Terence Rogers of the John A. Burns School of Medicine, before your subcommittee last Congress.

STATEMENT BY DR. TERENCE ROGERS
DEAN, SCHOOL OF MEDICINE
UNIVERSITY OF HAWAII

Before the Subcommittee on the Handicapped of the
Senate Labor and Human Resources Committee

Rehabilitation Needs of the Pacific Basin

Mr. Chairman:

The American parts of the Pacific Ocean include my home state -- Hawaii; Guam, American Samoa, the Trust Territory of the Pacific Islands -- also known as Micronesia; and a few other strategic knobs. Guam is formally a Territory and is a fairly developed place. American Samoa is certainly not highly developed but has the advantage of being relatively compact. The substance of my testimony today applies to both American Samoa and Micronesia.

The Trust Territory of the Pacific Islands is an almost forgotten responsibility of the United States. It covers an area equal to that of the continental United States, but is made up of thousands of islands separated by empty stretches of open ocean. These islands were once German colonies taken over by Japan at the outbreak of the 1914 War and afterwards retained by Japan under a League of Nations mandate. They were captured by U.S. military forces during World War II or surrendered at the end of the war. Kwajalein and Saipan were headline-familiar in World War II and, for different reasons, Bikini and Eniwetok became so later.

The U.S. has governed these islands since World War II under a United Nations Strategic Trust which is due to terminate in 1982. After that time, however, the U.S. will retain responsibility for health, education and other funding in the new political entities for a further fifteen years.

For many disputed reasons, the quality of life in the Trust Territory more resembles that of the so-called Third World than a U.S. territory, except that eligibility for Food Stamp and Commodity Programs has eliminated the problem of starvation. Great efforts on the part of the TTPI government and special programs funded by DHHS have brought primary health care and hospitalization to the somewhat urbanized District Centers, but the outer islands remain seriously under-served. Basic sanitary engineering is very deficient, with most residents having no access to safe running water and no sewage disposal system. Consequently, intestinal parasites and water-borne diseases are endemic.

In this kind of environment it is not surprising that rehabilitation facilities are almost completely lacking. For example, there is just *one* physiotherapist on the Island of Majuro in the Marshall Islands, and no others. We wish to bring the attention of the Committee to this problem and to propose the development of a systematic and far-reaching *plan*. We do not wish to propose some short-term funding for short-term demonstration projects which are doomed to failure because the fiscal and physical realities of Micronesia cannot support them. In the primary health areas, too many programs have died because they were designed for the relatively affluent and mobile United States poor.

In addition to the fact that the U.S. did indeed take the responsibility for these islands it is clearly in our national interest to encourage stable and secure societies. The strategic importance of this area is often overlooked simply because no other great power has shown any overt moves. The forthcoming independence of some entities may well change the picture.

We now wish to propose the development of a plan for services to the handicapped which will improve the quality of life in Micronesia and, at the same time, be a plan which will fit the realities of Micronesia through the end of this century. This would be, in effect, an agreement which would delineate in advance the progress and expectations on the part of the Micronesian peoples and the U.S. Government. A mutually respected plan can lead to steady progress rather than the usual sprinkling of good intentions where they are not needed or are inappropriate.

We are here to advance the importance of developing such a program; we do not have one ready-made; the issues are too complex.

Any plan will have to take into account the realities of the extent population (which are not known at this time) and the environmental realities, the distances, the lack of support services and the nature of family structures. It will also have to be tailored to the resources of the U.S. and the Micronesian government entities will be able to apply to rehabilitation and other services to the handicapped.

A realistic program will require the development of completely different approaches in many areas where we have made great strides in a highly organized and technology oriented society. The phrase "appropriate technology" will need to become alive to meet the needs. We will need to address the training of rehabilitation personnel, for example, among an intelligent but marginally educated population.

The basis of any plan must be the needs as perceived by the health leadership in Micronesia, but the details will require a great deal of experienced input. We emphasize again that programs from the continental U.S.A. cannot be simply superimposed in the different environments and cultures of the central Pacific. Dr. Eliuel Pretrick, now Health Director for the Federated States of Micronesia, once said, "Many of the nice things that happen to us do not work out very well." Among many other talents, he is noted for his politeness.

In the 22 years since Statehood, Hawaii has come a long way in almost every respect, and especially in institution building. The Health Sciences Schools of the University of Hawaii have entered into partnership with their colleagues in the Trust Territory and the USPHS to develop some programs of lasting value in primary health care. The Rehabilitation Hospital of the Pacific has also been active in outreach programs in the American Pacific. Now this hospital and the University of Hawaii Schools of Medicine, Public Health, Nursing and Social Work have the necessary experience and, therefore, the humility to approach this proposed planning with open eyes and open minds, and in full partnership with the Health Departments of the emerging Micronesian political entities.

INDIANA UNIVERSITY

SCHOOL OF EDUCATION
W. W. Wright Education Building
3rd and Jordan
Bloomington, Indiana 47405

(812) 335-2734

March 7, 1983

Senator Lowell Weicker
Hart Building, Room 303
Washington, DC 20510

Dear Senator Weicker:

It is indeed a pleasure to provide testimony on behalf of the re-authorization effort for P.L. 94-142. Your individual leadership as Chairman of the Senate Sub-Committee on the Handicapped has helped to insure that we have the law today, intact, with its accompanying regulations.

Ms. Jane West-Stern, of your staff, requested that I address the Evaluation and Research section in 94-142. I was recommended to her as the Research and Special Project Chairperson of the International Council of Administrators of Special Education and as a leadership trainer of special education administration. For the past eight years I have been annually surveying local special education administrators, preparing information packets on selected topics of interest, and distributing these to the CASE membership (N=4000). We have also prepared a series of regional training conferences across the country on exemplary model practices in the education of handicapped students. Local school personnel who developed and operate these special projects in the context of local school settings were both the major presenters and audience in our leadership development model.

Within that backdrop I will discuss two sets of statements. First, I will present data on local school needs for evaluation and research. Second, I will recommend a series of evaluation and research studies and processes that I believe you should consider as you prepare a set of changes in the re-authorization of P.L. 94-142.

Starting in 1975-1976, local school special education leadership personnel were obviously concerned with issues directly related to implementing specific provisions of 94-142.

They were in order of priority:

1) the interpretation and inservice training of all professional personnel and parents regarding the provisions of the 94-142 itself;

2) the reaction of regular education personnel to the mainstreaming of handicapped students into regular education environments;

3) designing and developing an individual educational planning (IEP) process that was efficient and effective which would be inclusive of parents and necessary professional personnel;

4) initially, vocational education programs that were appropriate to serve mildly handicapped students.

In 1976-1978, still other samples of directors continued to be preoccupied with the four priority areas noted above but in addition they added:

5) cost-benefit analysis of special education programs to determine the efficacy of comparative service delivery models;

6) overlapping roles and responsibilities of central office administrators and building principals in the identification and placement of students, and selection and supervision of staff;

7) private school placements started to surface as an alternative to existing or newly developed programs that parents thought were inappropriate.

In 1978-80, as the law was in full swing and the local leadership had some experience in its implementation, the local administrator became more concerned about:

8) curriculum for special education students - How closely it should duplicate, or be as close to, the curriculum for all students was the penetrating question, rather than separate curricula by category of handicappedness;

9) policy issues surfaced dramatically from 1977 when the regulations went into effect and in 1979-80 due process, LRE, retention, length of school year, and appropriate education all became of primary concern;

10) Finally, fiscal matters were also of continuing concern. Finance formulas and issues of equity surfaced dramatically.

The last round of our needs assessment occurred this past fall along with a major planning study under my direction and that of the President of the International Council of Administrators of Special Education. These data suggest the chief local issues are primarily ones of:

11) program and personnel evaluation. Questions of the quality of special education programs are paramount today. A central issue is, can special education demonstrate its effect to hold off the opposition, to reduce special education and operating costs;

12) the use of technology in the education of handicapped students and its use in management of information related to the processing, placement, transportation, and programming of students, personnel, and accounting is the next most frequent contemporary listing of concern to local administrators.

In summary of these data the emerging issues I would suggest the following, evaluation and research issues. There clearly is a preoccupation with the impact of the reduced federal role on state and local levels with regard to the handicapped. Over 70% of the CASE members responding to date identified a reduction in federal expenditures as leading to reduced state and local resources. 94-142 is the salvation of a great deal of direct program support and nearly ALL indirect support and program development, innovation and personnel training occurring in local school systems.

Secondly, the political relationship of general /regular education leadership to programs and services for special education became a virtual bonfire by the passage of 94-142. The federal presence finally became the only redress for parents and advocates seeking an education for their handicapped child. The take-over of special education by general education is beginning to occur in selected geographical areas.

Thirdly, the scope and definition of who is handicapped is high on most administrator and parent lists, especially in large urban and suburban school systems. Bi-lingual, black, and other minority populations are finding themselves in special education in most urban settings. A swelling population of students failing in suburban schools are inappropriately being labelled learning disabled. Some state legislatures are pursuing the notion of caps or ratios to stop the burgeoning LD population. Local administrators fear 50 state and thousands of local school definitions, rather than a set of federal guidelines, as to who is handicapped and who is not.

Fourth and finally, the quality of special education, and the lack of information on what differences have resulted from special education programs are the key questions of the mid-1980's. We simply have very little data on what happens to handicapped students AFTER they are labelled, assigned, and start their school life in special education. Allow me to add here, vocational education has been a collosal failure as well as many secondary programs for handicapped students.

The second part of this statement concerns my recommendations for special studies and evaluation questions that you may want to consider, as well as some dissemination schemes.

We dearly need a continued set of studies related to:

STUDY FOCUS	1)	the distribution of federal versus state versus local resources spent on special education in local schools, intermediate units, state operated programs, and for private placements.
RATIONALE		The chief concerns here are the ratio of support by governmental units, amount of dollars that actually follows the student, and costs by program and placement type. The recent Rand study is an excellent prototype for use in future cost studies.
STUDY FOCUS	2)	an active and an immediate commitment, for 5-10 years, to the collection of data on the graduates of special education programs across categories and severity levels.
RATIONALE		We have little to no data on how successfully we have prepared students to adapt in post-school environments.

STUDY FOCUS 3) A series of qualitative evaluation studies must first be underwritten that inquire in depth on a few sites to determine the most significant values key stakeholders hold as well as the perceived worth of programs/services. From these indepth qualitative studies, a set of empirical or grounded quantitative research studies can be conducted to capture a large view of special education evaluation activities.

RATIONALE Qualitative studies provide a sense of "you've been there". "You know what it is to be deaf and getting mainstreamed into a regular class for three hours a day in Peoria." Qualitative research approaches real-life portrayals of actual experiences. This type of data helps the lay public and non-professional alike get under the skin of the key actors in handicapped education. It often provides the needed images to assist decision makers in seeing the whole picture. From multiple cases a set of hypotheses or speculations can emerge which can be translated into more quantitative research methods. We've had enough experience with quantitative incidence studies to know our population parameters.

STUDY FOCUS 4) Studies following up I.E.P. implementation that trace the movement of handicapped students into special education and back to regular education programs. Studies that examine a number of students who exit from special education.

RATIONALE Clearly we have little data on I.E.P. implementation, acquisition of basic skills, and adaptation of handicapped students in non-school environments. These studies will help to focus our attention on student outcomes, not the processing of handicapped students into special education.

STUDY FOCUS 5) An emerging trend that is now a major area of concern is the introduction and use of computer technology with individual handicapped students. Many believe different types of handicapped students will benefit disproportionately from exposure to micro-computers.

RATIONALE Our country's preoccupation with high technology is well established. Special education interest in this innovation is escalating rapidly. Yet we have a short history with its use.

STUDY FOCUS 6) Studies which investigate or support interventions that link special services with other regular education supportive services may help us demonstrate how special education expertise may assist other students not benefitting from our public schools.

RATIONALE Students failing in school and parents requesting help are a major reason for the growth in learning disabilities and local school programs. We need a demonstrative effort to examine why this is occuring and how special education can both contribute and not dilute its services to student in need of specialized education.

STUDY FOCUS 7) Studies which identify the developing technology of teaching that can be used in #6 above will help determine what is special about special education. While many may believe we are risking the reputation of special education, I believe we must confront the unique, magic feather quality that pervades some people's view of special education.

RATIONALE We need an informed statement that educators can turn to to pick and chose those practices that deserve emulation or enhancement for use by many in education.

In closing, research and evaluation efforts should not overlook the action research interest and capacity of local school entrepreneurs who seek the challenge of demonstrating what they can do. These same entrepreneurs are often the best salespersons to their peers. Dissemination strategies of "what works" should seek to involve the practitioner as co-developer, implementor, and disseminator.

I hope you can get a sense of history since the passage of 94-142 and its impact on local school systems. I have tried to trace that history, delineate the issues and provide a rationale along with needed research and evaluation strategies for the future.

I have enclosed some example materials which are prototypes of the kind of research and/or dissemination practices I would recommend to you. I'm also willing to testify before the committee if we can arrange it.

If I can be of further assistance, please let me know.

Sincerely,

Leonard C. Burrello

Leonard C. Burrello
Associate Professor

enclosures

SRI International

March 10, 1983

The Honorable Lowell Weicker
United States Senate
Hart Building, Room 303
Washington, DC 20510

Attention: Nina Bar-Droma

Dear Senator Weicker:

Thank you for the opportunity to comment on sections of the Handicapped law relating to evaluation and research. As you may know, the Social Sciences Center at SRI has been conducting studies on public education programs for special populations, particularly handicapped children and youth, for many years. We continue to believe in the importance of both research and evaluation for their value in enhancing the education of handicapped children.

Regarding Part B of EHA, Section 618, Evaluation

I believe that this section is extremely important to the sound administration of the Act and for ensuring that Congressional intent is met. A suggested rewording of Sec. 618(a) that captures what I believe to be the purpose of this section is:

> The Secretary shall conduct studies, investigations, and evaluations to determine the progress of implementation, the impact of the Act and its parts, and the effectiveness of state and local efforts to assure the free appropriate public education of all handicapped children. The Secretary shall conduct those studies, investigations, and evaluations necessary to provide Congress with information relevant to policy and provide the federal and state education agencies with information relevant to program management and administration.

Section 618(b) might then simply request statistics regarding children with various handicapping conditions, services received by those children, public and private agencies and institutions providing such services, expenditures by local, state, and federal levels, staff employed and needed, by disability category. This, along with the general policy and management purposes might be the best guide to the Education Department for collecting information that will actually be used; this may, in turn reduce burden on LEAs and SEAs.

Section 618(b)(1): NCES may not be the most appropriate agent for collecting these statistics.

Section 618(b)(2): I cannot see the purpose of this section. It appears that funds spent to develop evaluation methodology in general might be funds better spent on conducting actual evaluations to improve policy and program management.

Section 618(c): This does not seem necessary. If it is designed to reduce burden on LEAs and SEAs, this purpose might be stated directly.

Section 618(d)(1): This seems most appropriate as is.

Section 618(d)(2): (A) and (B) seem fine, but (C) focuses on only one aspect--preventing erroneous classification--of what SEAs must do to implement the intent of Part B. The statistically valid survey for assessing the effectiveness of IEPs is also unnecessarily specific at this point. Perhaps IEPs, along with erroneous classification and other provisions of Part B could be listed as issues for special attention in the Secretary's determination of progress and impacts, mentioned above.

Section 618(e) This seems fine as is.

Regarding Part E of EHA, Research in the Education of the Handicapped

The purpose of Congress' promoting research is (should be) different from its purpose for promoting evaluation. Evaluation should be related to the law and the federal, state, and local roles in carrying out its intent and achieving its goals. The ultimate aim of a research program should be to help special education practitioners and others (e.g., parents, medical professionals) improve the education and related activities of handicapped children and youth. Research and related activities (development, demonstration, dissemination) should 1) increase our knowledge and understanding of such things as handicapping conditions, teaching, and learning, education-related practices and services, etc., 2) develop techniques and devices for enhancing the education and related activities of disabled children and youth, 3) demonstrate exemplary programs and practices and/or 4) disseminate appropriate information to audiences whose activities make a difference in the education of handicapped children.

Thus, I believe Section 641 is all right, but you may or may not want to mention related activities by name (surveys--mentioned in this section--are a method of carrying out research; dissemination is a related activity but is not mentioned). You may want to focus Section 641 on current "problems in the education of handicapped children" or you may want to state that its purpose is to "promote knowledge in special education and related practices and procedures." These purpose statements may limit research too much, however. It is not clear under the second statement, for example, that investigations into the nature of handicapping conditions could be pursued. But, I think such investigations should be permitted under this research section.

Section 642 may be politically important, but its purpose is obviously included in the language of Section 641, and it is unnecessary.

Section 643 seems fine.

I hope the manner in which these suggestions are presented was acceptable to you and that you understand our general viewpoints: (1) research is different from evaluation in purpose and (2) both are extremely important to accomplishing the purposes of the Act.

Sincerely yours,

Marian S Stearns

Marian S. Stearns, Ph.D.
Director
Social Sciences Center

THE UNIVERSITY OF KANSAS

School of Education
Bailey Hall
Lawrence, Kansas 66045

March 18, 1983

Senator Lowell Weicker, Chairman
Subcommittee on the Handicapped
SRB-24
Washington, D.C. 20510

Dear Senator Weicker:

In response to a request by members of your staff to provide you with written observations concerning the Education for All Handicapped Children Act (P.L. 94-142), now scheduled for reauthorization, we wish to respond as follows:

1. Section 618, Program Evaluation. Program Evaluation is essential to the improvement of education of handicapped children and youth and to the evaluation of federal, state, and local efforts to educate such children and youth. It is important to design and validate methods of evaluation that yield information useful for developing instructional programs, remediating learning deficits, and enhancing the overall development of children with a range of disabilities.

While it is important for the Secretary of the Department of Education to continue to establish national priorities concerning the components of handicapped children's education that are to be evaluated, it seems particularly desirable for programs to be evaluated at a local level and for the Congress and the Secretary to authorize funding mechanisms that allow for local evaluation and for some local priority-setting with respect to items to be evaluated. Frequently, state and local agencies have developed innovative programs or have attempted to establish important modifications for "standardized" programs of education and youth. It may not be the case that the Secretary sets priorities that allow for the evaluation of such programs. Yet those programs may be highly effective for handicapped children and youth, may become models for national replication, and must be evaluated for these purposes. Thus, it seems important for Congress to permit the Secretary to allow a funding mechanism that would enable state and local agencies to evaluate the programs that they deem to be important, even though such programs may not fall in the priorities set by the Secretary.

2. Section 618, Parental Evaluation. Under the current Section 618, evaluation tends to focus on the implementation of the law and at establishing data-bases at state and federal levels for planning, appropriating, providing services, monitoring, data gathering, and accountability.

There is, however, a major type of evaluation that has not been undertaken. This is evaluation of direct-service and state-service programs by the parents of the handicapped children enrolled in those programs. Without such evaluation, other evaluation of the quality and range of services provided to handicapped children will be done largely by people who may have some special interests in the operations of the programs themselves or who may have some special relationship to the service providers. While we do not mean by any means to suggest that there has been any bias in the evaluation of programs in the past, it is clear that the perspective of parents have not been sufficiently taken into account and that such a perspective is an important one. It is important for symbolic reasons, for accountability purposes, and because, in the last analysis, parents have valuable perspectives on their child and the school and are ultimately responsible for their children and authorize such action as schools may take regarding their children.

Accordingly, we suggest the addition to Section 618 (b) (2) of language that authorizes the Secretary to conduct studies to ascertain parental satisfaction of programs provided to handicapped children and youth and of parental perceptions of the unmet needs of such children and youth.

3. Section 618, Annual Reports by Agency to Congress. While we have found useful the four annual reports that the Department of Education has filed with Congress pursuant to Section 618(b) (1), we have noted that there is some lack of consistency of reporting across the four reports. We think it is important for the Secretary to be reminded that for reports to be useful to the Congress as well as to the field, they should report on the same topics and in a consistent manner and thereby provide a comparison of progress made under the Act across years. This sometimes has been done and sometimes not. Moreover, some reports seem to focus particularly on the "issues of the day" and to be somewhat overly selective with respect to topics that should be reported. Obviously, the Department should be in a position to inform Congress concerning issues of current importance. But just as important is reporting to Congress concerning the progress or lack of progress across the years.

4. Research. Part E of the Education for the Handicapped Act authorizes the Department to support research. It is our understanding that the research component has not been targeted for an increase in the appropriation but for a decrease. In our judgment, research must be increased. Allow us to set out below some of the reasons that increased funding of research is important to the implementation of the Act on behalf of handicapped children and youth.

It is clear that the a cumulative impact of research is far more important than the short-term results of individual projects. It is unlikely (but not impossible) that a specific individual project will make significant break-through; instead, the aggregated effect of individual projects demonstrate the important innovations in preventing and ameliorating the educational effects of handicap.

Moreover, the type of research that is necessary to enhance academic learning and social adjustment in children who have disabilities and to prevent existing handicapping conditions from being aggrevated requires long-term investments. For example, the progress achieved during the last five years in teaching severely and multiply handicapped children to become more independent is an example of what can be achieved through long-term research and through a series of individual projects that, taken together, demonstrate tremendous capacities in people who previously have been thought to be seriously impaired.

Thus, as the Congress considers Part E, two important issues must be addressed. The first is the extent to which the federal government should fund long-term research. The second is the issue of the funding level.

With respect to the first, for example, research currently being conducted at Kansas University Research Institute on Learning Disabilities (a federally funded five-year program) has had a significant effect in (a) validating exactly who the learning disabled children are, (b) determining the failure of learning disabled children to "think" or "approach" problems in a way that is academically profitable, and (c) beginning to to develop and validate intervention strategies that not only teach such children how to approach problems but also how to solve them and that thereby enhance their own academic and social abilities.

It has taken nearly five years for the Research Institute here to do the epidemiology studies (a) (above) and to identify some of the disabling characteristics of learning disabled children (b) (above). Now that the researchers here are on the verge of developing amelioation and remediation strategies, support for the Institute is coming to an end because of the arbitrary fixing of a five-year life for the Institute. Clearly, such research efforts must be continued or else the "yield" on the government's investment will be less than maximum.

Thus, major investments in research are effective and can be made more so if enabled to continue over relatively long periods of time, for creating more useful data concerning who is handicapped, for determining the nature of the disabilities for such people, and for creating more successful teaching strategies, treatment programs, and even preventive measures.

The Department of Education has made important strides over the past several years in funding such research efforts as the Kansas University Research on Learning Disabilities and through funding field-initiated research programs. The important strategy is for the government to continue to fund still longer the research efforts that have yeilded important results.

Obviously, now that the nation has moved toward putting all handicapped children in a educational programs and toward providing an appropriate education for most of the handicapped children in public education, efforts should be made at improving the quality of the services available for such children. Those efforts should consist of increased funding for training, demonstration programs, and research. Allow us to give you some examples of what might be done to respect to severely/multiply handicapped children, pursuant to your staff's request.

a. The Department might choose to accelerate the training of ancillary personnel to serve severely/multiply handicapped children in public schools (for example, personnel representing occupational therapy, physical therapy, psychology, speech, and other disciplines).

b. The Department might give a higher priority to assisting teacher-training institutions in preparing teachers of severely/multiply handicapped children by making recruitment incentives available in the form of stipends. Likewise, the Department might accellerate its training programs to prepare public school personnel to severely/multiply handicapped children; the emphasis here would be on in-service training targeted at severely/multiply handicapped children (most in-service has focused on mildly and moderately impaired children).

c. The Department might give priority to research in new and innovative practices to educate and train multiply handicapped students, particularly by encouraging cross-disciplinary consortiums to translate existing and new knowledge into teaching techniques for severely/multiply handicapped children.

d. The Department might wish to fund research efforts to assess the nutritional needs of severely/multiply handicapped children and the effects of those needs and the effects of medication on their ability to learn. Frequently, because of difficulty ingesting, the nutritional needs of some severely/multiply handicapped children are not adequately met. The same result often obtains because of medication.

e. The Department might encourage joint efforts by educators in the area of severely/multiply handicapped children to work with educators of sensory impaired students to share successful intervention skills and to combine instructional technology.

f. The Department might encourage research that would identify the critical factors associated with successful service delivery to severely/multiply handicapped students, including the characteristics of teachers and other professionals, the measures of student's success as a relationship to the characteristics of teachers, the stability of family, and placement decisions.

g. Finally, the Department might encourage work done by family-care physicians similar to that done by the American Academy of Pediatrics for training medical personnel to work with severely/multiply handicapped children.

To this point, we have argued in favor of increased funding of special education research under Part E, and we have directed our attention in particular to funding that would allow longitudinal research and, pursuant to your staff's request, to research that effects severely/multiply handicapped children and youth.

We wish to direct your attention to another aspect of research that the federal government has not addressed sufficiently, in our judgment.

There seems to us to be a need for federal funding of short-term projects (typically, 12-18 months in duration) that would address some of the cutting-edge issues involving public policy and the education of exceptional children. This research, for example, would include the effects of defederalization upon state and local educational agencies, the effect of of parent participation in the education of handicapped child on both the child and the family, over a period of years. While we do not mean to suggest that these topics are exclusive, we do mean to indicate that the federal government has a legitimate role in funding policy-related research in special education. To date, very little of that funding has obtained.

Finally, we would like to observe that one reason that research funding has been relatively low on the federal priority is that, apparently, many people have relatively low confidence in education research, particularly with respect to special education. We do not believe that that opinion is well founded. In fact, it is precisely because of research that so many handicapped children now are viewed, correctly, as educable and as worthy of being included in public schools. Thus, research undergirds so many other aspects of public policy and the education of handicapped children. The important thing for the government to do is to secure an increase in the level of funding and a commitment to demonstrated successful research over a long period of time. Just as research tends to be completed and begun to be disseminated, it seems that the research dollars are withdrawn from the particularly successful projects. This is a shortterm and long-term error. Increased funding and longitudinal research are necessary if special education is to yield its greatest promise and if the federal investment in it is to be maximized.

These are some of the issues that we think are important. We hope that we have responded adequately to your request. If you have any questions, you may telephone us in care of Professor Turnbull at 913/864-4954. We greatly appreciate the efforts that you and your committee are making on behalf of handicapped people.

Very truly yours,

H. Rutherford Turnbull, III, LL.M.
Chairman and Professor of Special Education
Professor of Law

Edward L. Meyen, Ph.D.
Associate Vice-Chancellor
Research, Graduate Studies, and
Public Service
Professor of Special Education

Douglas P. Guess, Ed.D.
Professor of Special Education

Consortium for
Citizens with
Developmental
Disabilities

Training and Employment Task Force
Charles F. Dambach, Chairman
Epilepsy Foundation of America
4351 Garden City Dr., Suite 406
Landover, MD 20785
(301) 459-3700

Training and Employment Task Force

of the

Consortium for Citizens with Developmental Disabilities

Statement Relative to

REAUTHORIZATION OF THE REHABILITATION

ACT OF 1973, AS AMENDED

March 18, 1983

Members of the Training and Employment Task Force include:

Association for Children/Adults with Learning Disabilities

Association for Retarded Citizens

Disability Rights Education & Defense Fund

Epilepsy Foundation of America

Goodwill Industries of America

National Association of Private Residential

Facilities for the Mentally Retarded

Council of State Administrators

of Vocational Rehabilitation

National Rehabilitation Association

National Association of Protection & Advocacy Systems

National Association of Rehabilitation Facilities

National Easter Seal Society

National Society for Children and Adults with Autism

United Cerebral Palsy Associations, Inc.

Introduction

The Training and Employment Task Force of the Consortium for Citizens with Developmental Disabilities (CCDD) is composed of organizations which serve persons with disabilities. A list of Task Force members endorsing this statement is on the cover page. Those organizations provide services for and represent the needs of millions of developmentally disabled Americans. The Task Force members wish to thank the Subcommittee for its continued interest in and support of the Rehabilitation Act and its programs. Many of the people who are served by programs of the Rehabilitation Act are affiliated with our organizations, and a significant portion of the people we serve have been helped by Vocational Rehabilitation programs. Therefore, we are vitally concerned with the extension of the Act.

Persons with developmental disabilities often have substantial impairments which offer a unique challenge to the rehabilitation community. The purpose of this statement is to highlight those programs within the Rehabilitation Act which have an impact upon the lives of persons with life-long and severe disabilities. Some of the persons whom we represent may only require a minimum of services in order to achieve independence and employability. Other individuals may require more intensive habilitation/rehabilitation services in order to reach their full human potential. All components of the Act are vital and if they all were funded and worked together, then a full continuum of services would be available for persons with disabilities. This Task Force is ready to assist the Subcommittee as it continues its deliberations on programs which are authorized within the Rehabilitation Act.

The Task Force endorses extension of the Act for at least three years and increased authorized funding levels to meet the need for services. The Task Force firmly believes that all programs within the Rehabilitation Act should be renewed. Vocational Rehabilitation programs are a proven, cost-effective method of providing vital services to persons with disabilities. Since there has been a decrease in the number of disabled persons served and rehabilitated over the past few years, we feel particularly strongly that the authorization should be increased for the Basic State Grant Progam.

In addition, certain programs have exceptional potential for increasing the number of disabled persons placed into competitive jobs and expanding the independence of disabled persons. The Task Force feels that programs such as Independent Living and Projects With Industry should receive significantly increased authorizations to accomplish these purposes. We also wish to suggest a modification in the Client Assistance Program.

New Federalism

This year, the Reagan Administration has again proposed that the Rehabilitation Act be included in New Federalism or block grant proposals. These proposals would dilute the focus of the program and would take away the strong financial base needed to provide continuity. The Rehabilitation Program has always been a cooperative arrangement between the federal government, state government and the private, nonprofit rehabilitation community. The Vocational Rehabilitation Program is already a predominantly state-run program. In FY 1983, 91 percent of the monies available under the Rehabilitation Act were allotted to and matched by the states to provide services to disabled people. The balance of the funds are spent on research, training, independent living and various demonstration programs which can best be managed from the national level. The federal presence helps assure equitable distribution of resources and reasonably uniform standards. Thus, turning the program completely over to the states would not achieve administrative savings and could cause duplication of research and training programs. The dissemination of knowledge gained from national level experimental and demonstration projects would be lost since few states would have the resources necessary to engage in such large-scale efforts. Therefore, this Task Force is opposed to any attempts to include the rehabilitation programs in any block grant or "New Federalism" proposal.

State Grants

The central component of the Rehabilitation Act is the State/Federal Rehabilitation Program. Now in its 63rd year, this program continues as the focus of our nation's effort to assist disabled Americans in their effort to become gainfully employed. In recent years, however, the caseload volume has declined significantly. The number of persons rehabilitated in FY 1982 declined 11.3% from the previous year. This decline can be partially attributed to decreases in the purchasing power of the rehabilitation dollar resulting from the effects of high inflation. The resources available to state agencies were further reduced when Social Security Vocational Rehabilitation funding was cut from $124 million in FY 1981 to approximately $3 million in FY 1982. Approximately 110,000 eligible persons went unserved by state vocational rehabilitation agencies as a result of this funding decrease.

Finally, continued emphasis on providing services to persons with severe disabilities requires more intensive rehabilitation efforts. We fully support this emphasis, but recognize that it places a greater demand on the limited funds available. In FY 1982, 59.6% of all persons served were severely disabled; the highest such proportion ever recorded.

Despite the inadequate resources, the program continues to serve and rehabilitate disabled persons who have the potential to work. Financing should be increased in order to serve more of the eligible persons who go unserved. Therefore, the Task Force recommends that the legislation extending the Rehabilitation Act contain authorizations for Basic State Grants under Section 110(b) (1) of the Rehabilitation Act of 1973, as amended, equal to $1,037.8 million in Fiscal Year 1984; $1,141.1 million in Fiscal Year 1985; and $1,254 million in Fiscal Year 1986.

These authorizations would in part achieve the goal of restoring the purchasing power of the rehabilitation dollar to the 1979 Section 110 federal spending level. FY 1979 is viewed as the last year in which the State/Federal Rehabilitation Program operated at full strength. In order to adequately and effectively meet the vocational needs of disabled persons, it is imperative that we increase the authorization to these levels.

Independent Living

Title VII of the Rehabilitation Act authorizes several different approaches to promoting independent living services, particularly services to persons too severely disabled to qualify for vocational rehabilitation. The 1978 amendments to the Act envisioned a major statewide service delivery system, "Comprehensive Services for

Independent Living," in Part A. However, the Administration and Congress have restricted the program to the federally administered Part B Centers for Independent Living by failing to request and appropriate monies for the Independent Living state grant program. These centers are often staffed by professionally-trained disabled persons who assist clients in obtaining appropriate services, training and employment necessary to achieve independence. More importantly, the staff also provides crucial peer support that can be the key to the successful transition from dependence to independence.

The primary concern of the Task Force with the Independent Living program is how to create a transition from a federally-administered series of model and demonstration centers which have proven their value to a statewide service delivery system for the severely disabled population. A key factor to implementing this transition is the start-up of Part A while maintaining funding continuity for existing Part B centers. The Task Force believes the success of Part B justifies the expansion of the program at this time.

When enacted, Title VII of the Act offered great potential. It remains a vital key to the door of employment opportunity for disabled people. But we are dismayed that Parts A and C have not been funded. Title VII is a comprehensive attempt to provide the support, resources and assistance crucial to gaining independence. For many severely disabled people, the Independent Living program provides the alternative to costly institutional care. Now is the time to let Title VII begin to reach its full potential.

The Task Force recommends that $60 million be authorized for independent living services. This would allow for $33 million to initiate Part A, $24 million to maintain Part B and $3 million to initiate Part C.

Projects With Industry

The Projects With Industry (PWI) program authorizes contracts or jointly-financed cooperative agreements with employers and organizations for projects designed to prepare disabled individuals for gainful employment. Such projects provide training, employment, and other services in work settings. PWI increases the chances for successful placement because the client is exposed to and placed in a real work environment. The process of permanent placement is simplified because the employer already knows the client and only a payroll transfer may be required to hire a PWI graduate. Business and industry are more involved with the client, and attitudinal barriers are reduced. PWI is part of an overall rehabilitation program with special emphasis on placement. Last year, 72 PWI projects were funded at $8 million. Over 9,000 placements, costing an average of $946 each, made this a successful job-training program. Placement retention rates were over 75%. The average annual wage for PWI graduates was $9,000; total income for persons placed by the program was $78 million. Taxes paid by PWI graduates alone offset the cost of the program.

The success of the PWI program and its positive cost benefit ratio justify an authorization amount of $25 million for the next three fiscal years. Documented savings in public assistance and taxes paid by the program clearly exceed the authorization for this program.

Other Progams of Significance

The Task Force has addressed authorization levels for some of the major components of the Act. But the Act is composed of a variety of programs concerning training, research, recreation and rehabilitation services. Each component reinforces the others, together constituting a program capable of providing a statutory base for the appropriate rehabilitation services necessary for each individual. Following are some of the programs vital to the continued strength of the Act:

Rehabilitation Training

- Rehabilitation, because it is individually tailored to the unique needs of each disabled person, depends upon well-prepared professionals to deliver a wide range of services. Whether the service is medical, psychological, social, or vocational, the quality of the service provided is directly related to the qualifications of the provider. A strong training program to provide qualified personnel is integral to an effective service delivery program, and we regret that funding for Rehabilitation Training has gradually declined over the past six years from $30.4 million in 1977-78 to $19.2 million in FY 1983.

Special Demonstrations

- The Rehabilitation Act authorizes Special Demonstrations "which hold promise of expanding or otherwise improving services to (severely) handicapped individuals." Special Demonstration Projects and centers are on the cutting edge of developing and refining methods by which the vocational rehabilitation program improves its capability to successfully serve severely disabled persons. The scope of the projects is national, with the emphasis on the development of projects which can be replicated in all states once service delivery models have been refined.

Recreation

- The role of recreation in rehabilitation is an important one. Recreation and rehabilitation professionals indicate that there is a significant therapeutic value to participation in recreation programs and that recreational activities are an essential element of a balanced lifestyle. When Congress passed Section 316, it recognized that the lack of adequate recreation programming for disabled individuals was one of the most glaring gaps in our existing social service funding. Continued support for Section 316 programs is essential to make recreational opportunities accessible to persons with disabilities.

Client Assistance

- The Client Assistance Program was established in 1973, along with due process procedures, to strengthen the clients' voice in the rehabilitation process and provide the clients with a means of redress if the process was not responsive to their needs. Gradually 37 states have agreed to participate. In most states, the VR agencies have opted to run the program within the agency. Approximately five states have placed the CAP program in external independent advocacy agencies. To guarantee that all clients can obtain the information and services necessary for successful rehabilitation, the Task Force suggests the following modifications within Section 112 of the Act.

a) Make it mandatory for all states and territories to provide a Client Assistance Program.

b) Authorize funds necessary for a minimum allocation to each state and territory.

c) Revise the language to state more clearly that rehabilitation agencies have the option to operate the Program internally or to place it in an external independent advocacy agency.

National Institute of Handicapped Research

- The National Institute of Handicapped Research (NIHR), which was established under the "Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978," promotes expanded research in both traditional and innovative fields of rehabilitation. The Institute also provides support for the dissemination of information acquired through such research and coordinates federal programs and policies related to research in rehabilitation. Despite initial Congressional intentions of significantly expanding research in the area of rehabilitation, the NIHR budget has consistently received a smaller appropriation than the initial funding level of $31.5

million in FY 1979 and FY 1980. In addition to fewer absolute dollars, NIHR funding has also been further eroded by inflation. By shortchanging the research aspects of vocational rehabilitation, as has been the case since the establishment of NIHR, we are denying the best possible services and outcomes to persons with disabilities, as well as undercutting the success of the vocational rehabilitation program. The Task Force recommends an authorization level of $40 million.

Innovation and Expansion

- Innovation and Expansion Grants are authorized by Section 120 of the Act. These monies allow state vocational rehabilitation agencies to pursue innovative programs which might not otherwise be funded by the basic state grant program. Traditionally these monies have been used to serve unserved or underserved populations such as mentally retarded individuals, persons with cerebral palsy, and disabled persons who are also disadvantaged. This program was last funded in FY 1980 at a level of $11.775 million. The Task Force recommends that Innovation and Expansion Grants be authorized at the 1980 level, at a minimum. We believe that these monies can be used for a number of activities which will enhance employment opportunities for the severely disabled. For instance, a part of these monies could be used to apply rehabilitation engineering to the worksite, thus enabling many persons heretofore thought to be "unemployable" to take their rightful place in the working world. Finally, the Task Force believes that these grants should be reauthorized because they provide the opportunity for rehabilitation agencies to use creative methods to help the hard-to-serve client. While we are fully cognizant of the fact that these are difficult economic times, we feel that unless such innovative programs are allowed to continue. rehabilitation for the severely disabled will suffer both now and in future years.

Reauthorize Unfunded Programs

The Task Force also asks the Subcommittee to reauthorize the programs that have remained unfunded. As we noted previously, the Rehabilitation Act must be viewed as a comprehensive plan addressing all the rehabilitation needs of a diverse disabled population. We will urge Congress to appropriate funds for these programs and projects. The unfunded programs include: Grants for Construction of Rehabilitation Facilities (Sec. 301); Vocational Training Services for Handicapped Individuals (Sec. 302); Loan Guarantees for Rehabilitation Facilities (Sec. 303); Comprehensive Rehabilitation Centers (Sec. 305); Community Service Employment Programs for Handicapped Individuals (Title VI, Part A); Business Opportunities for Handicapped Individuals (Sec. 622); and Protection and Advocacy of Individual Rights(Sec. 731).

The Act Must be Extended

The primary point that the Task Force wishes to make is that the Act must be extended. The various components of the Act have proven their effectiveness in providing the best possible balance of rehabilitation services to a diverse client population. We must maintain and, in some cases, expand research, training programs, and services to meet needs that are currently not being met. We appreciate the opportunity to submit this statement to you and look forward to working with the Subcommittee to ensure that all disabled persons have the opportunity to become productive, independent individuals.

National Recreation and Park Association
3101 Park Center Drive • Alexandria, Virginia 22302 • (703) 820-4940

National Therapeutic Recreation Society

March 21, 1983

Honorable Senator Lowell P. Weicker, Jr.
Chairman
Subcommittee on the Handicapped
Room SH 113
Washington, DC 20510

Dear Senator Weicker:

On the behalf of the National Therapeutic Recreation Society, a branch of the National Recreation and Park Association, we would like to submit testimony recommending authorization of section 316 of the Rehabilitation Act and Amendments, Public Law 95-602. The National Recreation and Park Association is the nation's principle public interest organization representing citizen and professional leadership in the recreation and park movement in the United States and Canada. The National Recreation and Park Association's membership of some 16,000 includes professionals working in public park and recreation agencies, members of policy making boards and commissions, educators, leaders in the private recreation and leisure industry,and concerned citizens. We are dedicated to improving and expanding opportunities for personal development and fulfillment through parks, recreation and leisure activities.

The National Therapeutic Recreation Society is one of the seven professional branches of the National Recreation and Park Association. It is dedicated to the improvement and expansion of leisure services for people with disabilities. The NTRS represents over two thousand professionally trained individuals presently providing services for the disabled in institutions, community recreation agencies, hospitals, schools, and rehabilitation facilities.

The intent of Congress in establishing section 316 was to provide funds to insure that the leisure needs of individuals with disabilities were being met. Particular emphasis was placed on recreation activities that would "aid in mobility and socialization." In fact, during the original hearing on the Rehabilitation Act, it was suggested that in some cases the only way to increase independent functioning for some disabled individuals is through the use of carefully selected recreation activities.

If the brief, two year history of section 316 is examined several issues become clear. During the first year of the program, fiscal year 1981, twenty five of the eighty projects submitted were funded at a total expenditure of $2,000,000. Eighty projects may not seem like an overwhelming amount however, it is important to remember that Fy 81 was the first year of the program. In addition to the newness of the program, the grant announcements were published two months late, leaving applicants less than sixty days to complete the process. Given the circumstances, the eighty applications represent a significant number.

The second year accurately demonstrated the demand for programs of this kind. Although the grant notices were published late again, two hundred and thirteen agencies applied for funds. It is essential to note that the number 213 represents the largest number of grants submitted for any grant program of the Rehabilitation Services Administration. Due to a reduction in funds only twenty three were funded at a total expenditure of $1,884,000. The increase in the number of projects submitted from year one to year two represents an increase of almost 300% while funds were decreased by approximately 8%.

In the two years of the program over 47,000 individuals with disabilities have been served. The range of projects is remarkable. Two themes stand out. The majority of the programs are serving special populations whose needs were previously unmet. Secondly, the populations served represent vocational rehabilitation clients. Attempts have been made to relate the role of recreation in increasing socialization and mobility to vocational goals for clients.

To illustrate the variety of projects the following abstracts are provided:

- Oklahoma Department of Human Resources: The purpose of this project is to provide innovative continuing education in recreation, leisure and social skills programming for young adult institutionalized residents serving 19 counties. Services will be provided to 84 young adult residents, aged 17 to 25. In addition to being developmentally disabled, these residents have a wide variety of physical handicaps. The curriculum will consist of adaptive physical education, outdoor study, aquatic programs, social skills, and other individualized activities.

- Easter Seal Center, Peoria, Ill.: The Leisure Resource Center has developed a model comprehensive leisure service delivery system for people with disabilities which assists them in the development of leisure skills, attitudes and awareness, and promotes personal and community leisure participation. The program provides a Leisure Resource Center which serves as a central clearinghouse to make available information and provide adapted sport equipment on loan. The project will provide information about the service delivery model at state, regional, and national levels. Fifteen hundred people will receive recreation services from this project.

- Eastern Carolina Vocational Center, Inc. Greenville, N.C.: The purpose of the program is to integrate handicapped individuals into existing community-based recreation activities, providing a therapeutic recreation program and information referral center for handicapped individuals in eastern North Carolina. The recreational information referral center program will be available to all agencies serving handicapped individuals in the region.

From this small sample of projects it appears clear that the projects are designed to meet the needs of individuals with disabilities and relate to their vocational goals.

Although it is too early to predict whether or not state and local governments will assume fiscal responsibility for these projects, it appears that some of the first year projects have already been financed by other sources. Follow-up data on these projects will tell Congress whether the seed money concept is viable.

It is evident that the demand for these projects is substantial and the funds represent a relatively small amount of the overall RSA budget. However, the program remains discretionary. As a result of the discretionary nature of this program, its future is in the hands of the Commissioner of RSA. In January of this year a letter was written to the Commissioner requesting information about funding of section 316 for FY 83. To date, no response has been received. RSA staff members state that although funds are available under TITLE III, and in fact, funds have been increased, they are unsure about the status of section 316. No reasons have been given as to this uncertainty. According to a report prepared by the 316 Project Director on April 23, 1983:

> The program (section 316) is highly successful, is being well implemented, is carrying out the intent of the law and should be funded in the future for at least 5 to 10 years... There is only one major recommendation-- to secure funding for this program in FY 1983 and in the years to come.... This program is meeting a need in making recreation facilities accessible for handicapped individuals and in providing recreation for the handicapped to improve health, sociability and develop the leisure skills of the handicapped. This is an excellent program with dedicated, hard working directors who are doing a fine job of implementing their projects. (pp.16-17).

There appears to be a discrepancy between the demand for this program, the report of the Project Director and the action taken by RSA. Based on this discrepancy NTRS suggests the following recommendations in support of the original Congressional mandate:

> The National Therapeutic Recreation Society strongly recommends the continued authorization of this most worthy section of the Rehabilitation Act, section 316. Section 316 assures that people with disabilities will not have to settle for a lower quality of life. Section 316 affirms the intent of broadening rehabilitation to include other life areas. Furthermore, section 316 respects the rights and lives of people with disabilities by providing guidance at a national level in the form of seed money for demonstration projects.
>
> In addition, NTRS recommends that an appropriation level of $5,000,000 be specified to begin to meet the demand generated in the past two years. It is also suggested that the Appropriations Subcommittee earmark that amount to insure that the recreation needs of handicapped individuals do not go unmet.

In closing, we appreciate the opportunity to be heard by the Subcommittee. The fine track record of the Senator is also to be commended in terms of his respect for the recreation needs of people with disabilities. We would be most happy to respond to any questions or provide further information if required.

Respectfully submitted,

V.Ki S. Annand
Ms. Viki S. Annand
President, National Therapeutic Recreation Society

Andrea H. Farbm
Dr. Andrea H. Farbman
Legislative Chair, National Therapeutic Recreation Society

National Recreation and Park Association
3101 Park Center Drive • Alexandria, Virginia 22302 • (703) 820-4940

National Therapeutic Recreation Society

March 21, 1983

Honorable Senator Lowell P. Weicker, Jr.
Chairman
Subcommittee on the Handicapped
Room SH 113
Washington, DC 20510

Dear Senator Weicker:

On the behalf of the National Therapeutic Recreation Society, a branch of the National Recreation and Park Association, we would like to submit testimony on the reauthorization of Public Law 91-230. The National Therapeutic Recreation Society is the primary organization representing 2,000 individuals who are professionally trained and employed in the delivery of recreation and leisure services for handicapped and disabled individuals.

In the past decade we observed the growth and development for recreation professional preparation and research endeavors for the handicapped because of the small but vigorous participation by the Bureau of Education for the Handicapped (SEP). The discretionary programs in recreation for the handicapped originally were mandated by PL90-170 Part V "Physical Education and Recreation Training and Research for the Handicapped."This legislation included a National Advisory Committee on Physical Education and Recreation for the Handicapped as well as statements about training of recreation personnel and research and demonstration. The two aspects of P190-170 incorporated into Pl 91-230 involved personnel preparation and research and demonstration in physical education and recreation.

Throughout the 1970's steady growth and involvement by SEP occurred. The increase in numbers and quality of trained personnel in therapeutic recreation saw approximately 40 training programs supported in personnel preparation and outstanding research projects aiding in the development of better techniques and services to handicapped children and youth. The federal government in concert with the therapeutic recreation profession was answering the public and Congressional mandate for improving the quality of life for millions of handicapped individuals through quality leisure and recreation services.

Unfortunately in the past few years, efforts to continue to support recreation as an important part of the education of handicapped children have been diminished. An evaluation reveals that programs and funding support in SEP personnel preparation for recreation specialists has decreased at a much more significant rate than the actual funding decrease in the overall personnel preparation program. While personnel preparatin took a 20% cut from their highest level of funding programs, funds for the preparation of recreation specialists were reduced by almost 60%. Further evidence of reduction is reflected in the treatment of research and demonstration aspects of PL 91-230 as they relate to recreation. Throughout the 1970's small but highly significant programs were supported that reflected the best research efforts of professional recreation researchers. T hese efforts which ranged from $150,000 to $350,000 per year over the past decade have been totally eliminated at the present time.

We believe that recreation is an important and integral part of the total education of all children and that Congress recognized this with the establishment of the physical education and recreation amendment of PL 90-170. We further believe that this reduced level of funding does not represent the intent of Congress and is detrimental to the full development of handicapped children and youth.

The continued inclusion of language related to physical education and recreation in the reauthorization of PL 91-230 is obviously of vital concern if a comprehensive approach to the education of handicapped children is to be maintained. The National Advisory Committee on Physical Education and Recreation for the Handicapped recommended that physical education and recreation language be included in all relevant discretionary programs presently reflected in PL 91-230. This approach is commensurate with Pl 94-142 which has placed greater demands for qualified personnel in recreation for the handicapped and subsequently improved the delivery of recreation services through research and demonstration.

Therefore, the National Therapeutic Recreation Society recommends that the reauthorization of Pl 91-230 includes:

- language to insure the continued training of therapeutic recreators to provide recreation services as an integral part of the education of handicapped children
- language to mandate efforts in research and development in recreation and the handicapped

In light of the fact that programs in physical education and recreation have suffered severe cutbacks over the past few years , although physical education is the only curriculum area mentioned in Pl 94-142 and recreation is increasingly being written into IEPs , it remains critical that recreation be included in the reauthorization of PL 91-230. It is recommended that the National Advisory Committeee on Recreation and Physical Education be reconvened to evaluate the services required for handicapped children and youth to assure their development as total persons.

We appreciate the opportunity to voice our concerns and would be delighted to entertain any further questions. We look forward to hearing from you about this legislation.

Respectfully submitted,
Viki S. Annand
Ms. Viki S. Annand
President, National Therapeutic Recreation Society

Dr. Andrea H. Farbman
Legislative Chair, NTRS

STATEMENT OF
ELAINE M. SMITH
COMPREHENSIVE SERVICES SPECIALIST FOR THE SEVERELY DISABLED
FOR THE
NEVADA STATE REHABILITATION DIVISION
BUREAU OF VOCATIONAL REHABILITATION
MARCH 21, 1983

Mr. Chairman, Members of the Committee:

I would like to thank the Committee for allowing me to testify. I am Elaine Smith, Comprehensive Services Specialist for the Severely Disabled. I work for the Nevada Rehabilitation Division, Bureau of Vocational Rehabilitation.

I do not need to tell this Committee about the value of the Vocational Rehabilitation Program. You have heard enough testimony on that.

I would like to tell you how decreased funds and the prospect of Block Grant funding affect the delivery of services to disabled Nevadans.

The State of Nevada has, over the years, supported the Vocational Rehabilitation Federal dollar with greater match than is required. As a minimum allotment state, increased state match does not increase the Federal share. Inflation eats into these dollars. These factors coupled with the loss of Social Security Trust funds impacts on serving disabled Nevadans, especially the most severely disabled.

Our state like most states has a commitment to serve the severely disabled. Since Federal Fiscal Year 1981, Nevada Vocational Rehabilitation has lost $607,000 each year in Social Security money from the Trust Fund for Social Security Disability Insurance and Supplemental Security Income Programs. This loss and inflation costs have resulted in a 50 percent (50%) loss of case service money. Case service money is used to provide the necessary services to assist the disabled Nevadan to reach his vocational goal. Before these funds were cut, the vocational rehabilitation counselor might involve himself with the most severely disabled client, usually upon his release from an acute care center. Now because the counselor must spend from General Fund money and wait for reimbursement from Social Security for severely disabled clients, he defers serving the most severely disabled individuals who are potentially costly in terms of case service dollars until he can be assured that this person is medically stable and feasible for services. For example, before funding cuts, around 1976, a 19 year old fellow in Fallon, one of our rural communities, was paralyzed in an automobile accident. He spent one year in an acute care center out of state. These costs were paid by his insurance company. His insurance company covered only short-term costs. It did not cover a wheelchair which was one of his immediate needs following his release. He came from the acute care center with a list of prescribed needs including a wheelchair, the need for driver evaluation and vehicle modification, typewriter, various assistive devices like eating utensils and hand splints. Many of these items he needed immediately. He was not eligible for Medicare for two years following his injury. In that interim year the vocational rehabilitation counselor got involved in the case to assist him to find ways to pay for costs and assess his future. The client's most crucial need was transportation. He needed to get to doctors, therapies, and vocational assessment. His parents did not have the vehicle to accommodate him, nor could they lift him into their car. The counselor first addressed this need. The client and counselor planned college training to assure the client a job that would support not only his basic needs, but also his special needs. Often the costs of the severely

MICROFILMED FROM
BEST AVAILABLE COPY

disabled person are overlooked. He cannot exist on minimum wage. He needs repair and replacement of assistive devices like wheelchairs, attendant care which may exceed $600 a month considering the $5 an hour wage of an attendant, medical supplies--catheters alone may run up to $60 a month--housing modifications. Remember, when the disabled individual goes to work his benefits cease. That is why vocational planning is so important, and why training resources and employment opportunities are essential. At present, the disincentives to be dependent are greater than the incentives to be independent.

Our counselors are great scroungers. They look to all programs and sources before spending their case service money. They know how far they must spread their funds to benefit their clients. They serve from 150-200 cases a year. This client's counselor did his share of investigating other resources. The counselor paid for driver's evaluation, modification of the client's van, some school costs not covered by a grant or loan, and some assistive devices like a typewriter. Over the last few years this young man has moved to Reno to attend college full time. His vocational future looks bright.

Last year another young man was paralyzed in an auto accident in Elko, another rural community without public transportation. The young man has returned from the acute care center and he has a similar prescription of needs as the Fallon young man had. But the availability of resources has decreased. The counselor realizes that without Social Security funds his general fund money has to be distributed where needed to serve his quota of clients. The counselor has no assurance that this severely disabled client will be successfully rehabilitated. With many very severely disabled individuals, medical setbacks are not unusual. At present, reimbursements by Social Security is after the client has been successfully employed for nine months. Since the progression of services necessary to reach a vocational goal is usually long term for this disability, the counselor is looking at years after expending General Funds before reimbursement from Social Security. The impact of resource losses, particularly on the most severely disabled is that the counselor has the potential of using his whole case budget on one client. For example, in 1976 a van modification cost around $8,000. Today, a van modification costs in excess of $15,000. There is no agency that pays for that cost. Inflation and funding cuts on other programs has slowed the processing of assistance. Increases in the costs of health care, assistive devices, medical supplies--everything--means the counselor can do for disabled clients only what is available in resources.

I don't want to misrepresent that all potential clients are spinal cord injured and expensive. Not all are visibly disabled. Many have hidden disabilities, like heart or kidney problems, learning disabilities, and mental disabilities. In fact, in these depressed economic times, counselors are seeing more and more persons who have psychological problems. Agencies like Mental Health refer their clients to Vocational Rehabilitation. Mental Health provides the therapies while Vocational Rehabilitation provides counseling, guidance, and other services toward vocational planning and placement. I believe the majority of disabled individuals who come to us have nowhere else to go. Our counselors see folks who have run through their money; whose marriages have broken up; and who are feeling beaten. The decreased job market makes for greater competition between able-bodied and able-disabled people.

What this boils down to is the vocational rehabilitation counselor has decreased resources to meet the needs of disabled clients. I suspect this is true in your states.

Our administrator has trimmed the Vocational Rehabilitation Program in Nevada to absorb the impact of federal funding cuts. We now have only 28 counselors to provide services in the state. We have closed several offices and reduced staff. This is not all negative. Agencies are joining forces to make more efficient use of available funds. For example, our agency has negotiated with two school districts who have opened alternative schools in our Reno and Las Vegas District Offices. Counselors have become even more creative in finding jobs and meeting service needs. Nevertheless, funds are becoming scarce as every agency looks for alternative resources.

Block Grant funding in a minimum allotment state will be devastating to disabled individuals. It will mean further decreases in case service money. Our state is experiencing revenue shortfalls. Legislators are meeting now to resolve that problem. Under Block Grant funding, the state would not be required to match the federal dollar. The state could move up to ten per cent of funds between Block Grants. The recommendation to switch from a categorical grant program to Block Grant funding is hard for me to understand. If switched, the distribution of funds may be along political partylines rather than according to the needs of disabled Nevadans. The categorical grant funding protects and directs a valuable program through the Vocational Rehabilitation Act. It seems to me that Legislators would not want to change a presently cost-effective and income-producing program.

There are other advantages to the categorical grant program under the Vocational Rehabilitation Act. As a national, not local, program with consistent eligibility criteria, the Oregon counselor who called me last month to see whether there was a mining job in Tonopah for his client could transfer the case and assure the client that his services would continue from Oregon to Nevada. I think disabled people think of the Vocational Rehabilitation Program as a national program. I would hate to see each state changing eligibility criteria and program goals based on their Block Grant and Legislative focus. I think the Vocational Rehabilitation Act assures equal services to all disabilities. I would urge you to continue the national scope of the Vocational Rehabilitation Program under the Vocational Rehabilitation Act, and I hope you will continue to support the funding of the categorical grant program with sensitivity to us in minimum allotment states.

Thank you.

Statement of

RADM David M. Cooney, USN (Ret).
President and Chief Executive Officer
GOODWILL INDUSTRIES OF AMERICA, INC.

on the

Reauthorization of the Rehabilitation
Act of 1973, as Amended

Goodwill Industries of America welcomes the opportunity to comment on the proposed reauthorization of the Rehabilitation Act. Continued authorization of the Act is of vital concern and importance to disabled citizens and to the purposes and operations of Goodwill Industries. Goodwill Industries is a nonprofit membership organization of 177 rehabilitation facilities in North America with 44 affiliates in 31 countries outside of North America. As such, we are the largest network of privately operated, vocational rehabilitation workshops in the world. Currently, Goodwill Industries provides rehabilitation services to 67,700 disabled people and employs almost 33,000 disabled clients in our production facilities, retail outlets and industrial contract programs. Goodwill Industries provide a wide variety of rehabilitation services, including vocational evaluation, job training, employment, adjustment services, job seeking skills, and placement. Thus, we feel particularly involved and qualified to comment on proposed changes to the Act.

Since its enactment in 1973, the Act has been successful in serving the needs of disabled citizens and the Rehabilitation Services Administration has administered various provisions of the current law effectively. We believe that reauthorization of the Act, for a minimum of three years, is of primary and fundamental importance and we wholeheartedly support that action. The rehabilitation program has been a successful partnership between the federal government, state agencies, and the non profit rehabilitation community. It should be extended to give both the states and rehabilitation agencies an insurance of continuity and the time to plan ahead.

Of the previous testimony submitted by various organizations involved with the Act, we would like to state for the record, that we basically concur with and support the opinions and positions expressed by the National Association of Rehabilitation Facilities. Additionally, we support the recommendations offered by the Consortium for Citizens With Developmental Disabilities, especially as they relate to proposed authorization levels and implementation of various provisions of the Act. Because of this support, we do not intend to burden the record by reiterating the various points raised by both these organizations.

What we do not support are certain positions, as we understand them, by the Department of Education before the Senate Subcommittee on the Handicapped and the House Subcommittee on Select Education.

First, we strongly oppose the proposal to finance the Rehabilitation Services program i a block grant to the states. It is our view, clearly stated in the past, that block grants have no role in addressing the problems of America's handicapped population. Under the Administration's proposal for a New Federalism block grant, there would be no requirement that the states spend any money on rehabilitation services after five years. We believe that only a national program administered to meet national needs will ensure that uniform standards and an equitable distribution of resources are enforced in each state.

It is a fact of life that the allocation of block grant funds within a state will be strongly influenced by local political pressures. In most cases that is proper in a democracy. Nevertheless, although America's handicapped citizens constitute its largest social minority, they are not now organized as a political action group nor because of current social attitudes have they been encouraged to so organize, nor because of their handicaps are they able to organize and speak for themselves on many issues. It is thus fitting and proper that their interests be addressed by an knowledgeable and prestigious body in the federal establishment and that their viewpoints be received and considered by Congressional committees like this one in order to provide reasonably attainable national standards of rehabilitation. The proper role of the federal government is to make the tough choices and exercise oversight. Without that national role for rehabilitation services, the quality and availability of these services would vary too widely between the states, to the detriment of handicapped individuals and the general population. Therefore, we recommend that the proposal for block granting be immediately disregarded as counter-productive.

The full intent of the Department of Education becomes clear when block grant funding of the rehabilitation program is combined with Section 5 of their proposed bill, which removes many of the State plan provisions and eliminates the requirements for certain minimum services. These two proposals in combination reveal a long term intent to abolish a federal rehabilitation services program. We find this totally unacceptable and detrimental to all citizens.

Secondly, the Administration's proposal to establish a system of rewards to those states who have been able to achieve higher levels of rehabilitation similarly disregards the needs of disabled individuals and penalizes states for circumstances over which they may have no control. For example, such a system would penalize those states with high unemployment rates regardless of their success in rehabilitating severely disabled individuals. As a case in point, in the State of Michigan, unemployment in some communities has been as high as 20%. Despite that fact, rehabilitation agencies in the state have continued active vocational rehabilitation programs and have been successful in equipping individuals to enter the job market when the economy improves. The fact that they did not become immediately employed is not an indication of any ineffectiveness of the Michigan State Director of Vocational Rehabilitation or of the management of local rehabilitation facilities. It is rather an indication of the fact that there is unemployment in the State of Michigan and that unemployment impacts on handicapped people as well as the able bodied. To punish the State of Michigan, already in serious economic difficulty, for a situation not of their creation, is poor economics and poor social practice. There are other states and regions with similar problems familiar to the committee, Michigan is merely a clear example.

Unemployment is not the only potential cause of such anomalies. Social structure of communities, the impact of weather, the onset of pregnancy, seasonable variables in employment rates are but a few of the economic and social variables which make the proposal unworkable and probably counter-productive. Additionally, to be fair, the system proposed by the Administration would require a standardized system of measurement applied universally by an agency other than the state itself. The requirement for the creation of such a bureacracy would consume resources needlessly.

Thirdly, we oppose the Administration's proposals to include programs under Title III of the Act in a single authorization and to delete authorizations for currently unfunded authorities. Specifically, we feel there should be reauthorization and funding for Innovation and Expansion Grants and for Facility Construction Grants.

While opposing the Department of Education's proposals, Goodwill Industries finds itself hindered in making affirmative, substantative recommendations for what we believe are necessary changes in the current law because of an overriding problem with the Act. The Act as presently written and implemented does not provide for meaningful feedback concerning the effectiveness of delivery of rehabilitation services. There is a paucity of any reliable, standardized data on which to evaluate the effectiveness of the Act over the past ten years. We question the figures that the Rehabilitation Services Administration has set forth in its testimony, since our inquires to RSA have only gained responses based on data as much as three years old. There is no information available concerning the utilization rate or cost savings realized from the use of private non profit facilities for the delivery of rehabilitation services. Requests for data concerning the number of clients processed and the cost for delivery of services to these clients have been unsuccessful. Additionally, the state directors of vocational rehabilitation have either been reluctant or unable to provide such information to private organizations, such as Goodwill even when our purposes parallel their own.

We do know from our own in-house audits that certain trends are developing which are of concern. The number of clients being referred to nonprofit facilities is declining and the states' share of costs of servicing the clients has also been reduced. In some states, sponsored clients have virtually disappeared and in others, Goodwills no longer seek state sponsored clients because of unrealistic compensation levels for work performed or extensive bureaucratic burdens. In some cases, the Goodwill accepts total responsibility for the client as a less expensive and more efficient technique of meeting community needs than becoming involved with the state program.

Our experience with the various states on how they are administering their programs has also varied widely. In some states, the state bureaucracy's have grown without any seeming increase in service to clients, while in other states they have been able to reduce their administrative overhead and increase service by referring more clients to private facilities. Moreover, there has been no uniformity or consistency on how the states determine their cost of services and fees. This experience of the past several years causes Goodwill Industries to make certain recommendations for changes in the Act. Clearly these recommendations are in need of further refinement. However, we believe that it is not in the best interest of the disabled citizens simply to reauthorize the Act, without the inclusion of these measures.

First, there needs to be more specific inclusion in the Act for more detailed data collection, especially as it relates to administrative costs. Provisions need to be made to mandate that RSA collect data on the utilization of all service providers, including private nonprofit facilities, and their effectiveness in delivering services to clients. The Secretary's annual report and evaluation of the Act's program, required by Sections 13 and 14 of the Act, should specify that such reports and evaluations include comparisons between public and private facilities. Similar requirements should be included in the state's recordkeeping requirements and studies and reviews, specified by Sections 101 (a)(10), (15) and (16) of the Act. Only in this way will it be possible to evaluate fully the effectiveness of the states in delivering rehabilitation services to handicapped individuals. The review of expenditures to rehabilitation outcomes would be the basis for determining how future rehabilitation dollars are effectively and efficiently spent.

Secondly, more emphasis needs to be placed on providing funding, under Title I of the Act, for the provision of direct services to clients. This could be accomplished by amending the Act to mandate that a set percentage of Basic State Grants to be spent on direct rehabilitative services and that a concurrent limitation be set on allowable administrative costs. Such a provision would increase the accountability of state agencies and provide a reasonable measure of uniformity in the distribution of rehabilitation services between states.

The limited and dated information, currently available, reveals wide variations between the states on administrative expenses. A limited in-house Goodwill Industries survey that one state's expenditure of funds for administrative purposes was as low as 9% whereas another state's administrative expenditures was 59%. A study conducted by the National Association of Rehabilitation Facilities, based on 1978 data, shows that states averaged 44% of their administrative expenditures on administration and counseling as opposed to case services. In one of the states, the administrative expenses were as high as 70%. Clearly, these inadequate statistics standing alone may be meaningless, for the raw figures do not reveal what items are included in administrative expenses nor do they necessarily indicate how effective a state is in delivering services to clients. However, what they do reveal is that there is currently no adequate way to measure whether funds are properly being administered to provide direct services to clients.

Before a limit could be set on the amount that states could expend for administrative purposes, it would be necessary to define exactly what constitutes administrative expenses. Once such a definition is developed, a statutory limitation on administrative expenditures would provide an uniform means for measuring states' effectiveness in delivering services and help guarantee that the basic purposes of the Act are being fulfilled.

Thirdly, Goodwill Industries believes that more disabled clients can be served, at less cost to the government, if the Act is amended to encourage greater utilization by the states of private nonprofit facilities. Goodwill's experience demonstrates that private facilities can be highly successful in providing rehabilitative services at limited cost to the government. Currently, on a national average basis, for every dollar expended by Goodwill facilities on rehabilitation services, $.83 is earned from sources other than the states' fees.

This actually means that Goodwill subsidizes state and Federal programs. In 1982 Goodwill's contribution to the national rehabilitation effort was approximately $225 million. This figure represents income and services provided to or for disabled individuals. Of this amount, $187 million was earned from sources other than State VR fees for services. Thus, Goodwill's contribution equals approximately 25% of the total federal expenditures in the Basic State Grants program in 1982. This sort of investment entitles us to a partner's voice in establishing program objectives and costs.

Greater utilization of community-based private organizations would not only keep costs down through reasonable competition, but would provide an incentive to create private nonprofit facilities where no rehabilitation facilities presently exist. The result would be broader-based care that would not require handicapped individuals to travel significant distances to receive that care.

In conjunction with this recommendation, we urge that any consideration of the Administration's proposal to allow grants to for-profit organizations be modified to provide that such grants be given to for-profit organizations only when state or nonprofit agencies are not available and where the purpose is to provide geographical coverage where none is available. Such a modification is not contradictory with the philosophy of encouraging private sector utilization. Where nonprofit agencies exist they can keep costs down, but to do so they need broad-based community support. If that support is decreased by federal grants or subsidies to for-profit agencies, which then perform work previously accomplished by the nonprofit agency, unit costs will increase in the nonprofit agency and overhead will become burdensome. This could have an overall negative effect on the costs of service delivery, dictating a reduction in client loads.

We urge that Sections 101 (a)(5) and (12) of the current Act should be amended to require that states place a priority on utilizing, to the maximum extent possible, private facilities for rehabilitation services when they are reasonably available at competitive costs. Funding for the states should be contingent on satisfactory demonstration to the Commissioner that they adhere to these provisions. This type of provision, in conjunction with the above recommendation concerning data collection on utilization on private sector facilities, would provide the basis for long term evaluation on the effectiveness of delivery systems.

In summary, Goodwill urges the Congress to reauthorize the Rehabilitation Act with the inclusion of the three recommendations stated above and the positions taken by the National Association of Rehabilitation Facilities and the Consortium for Citizens With Developmental Disabilities. Such action would ensure that the Rehabilitation Act becomes an even more effective vehicle for serving the needs of disabled Americans. We appreciate the opportunity to submit this statement and look forward to working with the Committee on implementing necessary changes. For the Committee's consideration, we are attaching to this statement a copy of a resolution passed by the Board of Directors of Goodwill Industries of America, Inc., which sets forth our basic recommendations.

GOODWILL INDUSTRIES OF AMERICA, INC.

BOARD OF DIRECTORS

March 19, 1983

It was moved, seconded and carried that the Board adopt the following resolution:

WHEREAS, the Rehabilitation Act of 1973, as amended, is pending reauthorization before the 98th Congress, and

WHEREAS, the Rehabilitation Act has proven its effectiveness in assisting people with disabilities and the reauthorization provides an opportunity to recommend certain structural changes to the Act that will result in the provision of more efficient and direct services to disabled individuals, and

WHEREAS, insufficient data is currently available to provide effective oversight, implementation, and enforcement of the program authorized by the Act,

THEREFORE, BE IT RESOLVED by the Board of Directors of Goodwill Industries of America, Inc., to support the reauthorization of the Act with changes that will set a limitation on administrative expenses, increase the utilization of private rehabilitation facilities when available, and increase the reporting of data by the Rehabilitation Services Administration.

USSA United States Student Association

The Merger of the U.S. National Student Association and the National Student Lobby

The United States Student Association (USSA), a national organization representing students at postsecondary institutions across the nation is pleased to submit this statement to the Senate Subcommittee on the Handicapped for the Reauthorization of the Vocational Rehabilitation Act of 1973 and to express our opposition to President Reagan's reauthorization proposals for the Rehabilitation Act.

USSA is deeply committed to full access to higher education for all students with disabilities. We feel that this can be accomplished through enforcement of Section 504 and the strengthening of existing Vocational Rehabilitation programs on college campuses.

We have been working to preserve and to increase funding levels for student financial assistance programs for all students and to increase the availability of information for students on the entire student financial aid delivery process. It is from this perspective and commitment that we are presenting our suggestions to improve the coordination between Vocational Rehabilitation (VR) programs and Title IV Student Financial Assistance programs. This coordination and closer linking of services is necessary to better utilize the Title IV student aid services that are often not considered in the formation of a student's Individualized Written Rehabilitation Plan and to maximize the use of available programs at a time of shrinking resources for both.

Following are USSA's proposals developed with input from disabled students, disabled student service providers, and members of the higher education community. *First,* in Section 103, (a) 3 of Title I of the Act which deals with the scope of vocational rehabilitative services, in particular vocational counseling and other services, we propose that the section be amended so that no training services in higher education institutions shall be paid for with funds under this title unless maximum efforts have been made to secure grant assistance under the Title IV student financial assistance programs; Pell Grants, Supplemental Educational Opportunity Grants (SEOG), State Student Incentive Grants (SSIG), and College Work Study. We are aware of a policy agreement developed in 1979 between the Rehabilitation Services Administration (RSA) and the Office of Student Financial Assistance at the Department of Education concerning the coordination of Vocational Rehabilitation programs and Title IV student financial assistance. We urge Congress to reaffirm the intent and benefits of this agreement enabling disabled students to maximize the benefits of both Vocational Rehabilitation (VR) services and Title IV programs.

Second, we urge that postsecondary institutions establish a priority for using college work study funds for students to be employed as readers, notetakers, and program aides for students with disabilities. In addition, Vocational Rehabilitation students should be included in the CWS program to gain access to financial resources while gaining valuable work experience.

Third, to ensure that students with disabilities have access to employment and training opportunities through the College Work Study (CWS) program, we propose that money earned through a CWS job be exempt from consideration when calculating Supplemental Security Income (SSI) benefits. This would work in a similar way to the waiver that was granted by the Social Security Administration to enable disabled persons to work for ACTION and VISTA without having their SSI benefits affected. In addition, the actual work experience gained by a disabled student in the CWS program be excluded from the formula used by the Social Security Administration in computing the substantial gainful activity (SGA) requirement.

President Reagan's proposals for the Reauthorization of the Rehabilitation Act call for an elimination of key provisions, rather than a strengthening of existing requirements which have proven successful in the implementation and delivery of rehabilitation services. We propose that the Vocational Rehabilitation state plans incorporate a policy focussing on the identification of severely disabled students and to prioritize rehabilitation services to those students. The development of a plan with a stronger emphasis on severely disabled students would better link secondary schools to the Vocational Rehabilitation programs and capitalize on the resources invested in the severely disabled student at all levels of education.

In conclusion, USSA urges the Subcommittee to seriously consider these proposals which we feel would enhance the Vocational Rehabilitation Act of 1973 in improving the coordination of existing services for disabled students on college campuses. We appreciate this opportunity to express our concerns on this issue and hope that we may be of further assistance to the Subcommittee in formulating the final reauthorization plan of the Vocational Rehabilitation Act of 1973.

STATEMENT

RESPECTFULLY SUBMITTED TO THE

SUBCOMMITTEE ON THE HANDICAPPED

OF THE SENATE COMMITTEE ON

LABOR AND HUMAN RESOURCES

ON

THE

EXTENSION OF THE REHABILITATION ACT

ON BEHALF OF

UNITED CEREBRAL PALSY ASSOCIATIONS, INC.

THE CHESTER ARTHUR BUILDING

425 "EYE" STREET, N.W., SUITE 141

WASHINGTON, D.C. 20001

Prepared by Kathleen M. Roy, Policy Associate
With Contributions by Dr. E. Clarke Ross, Director

March 22, 1983

INTRODUCTION

United Cerebral Palsy Associations, Inc., is pleased to submit written testimony to the Senate Subcommittee on the Handicapped concerning the reauthorization of the "Rehabilitation Act of 1973" as amended. We commend the Subcommittee for giving consideration to the programmatic needs of our nation's disabled citizens as the Rehabilitation Act is reauthorized. At the outset UCPA, Inc., would like to endorse the comments submitted to the Subcommitted by the Consortium for Citizens with Developmental Disabilities Task Force on Training and Employment. This statement is the result of thoughtful deliberations of several national agencies who represent persons with severe disabilities who require a continuum of rehabilitation services in order to reach their full human potential. UCPA is an active member of the Task Force and we feel that this statement will give the Subcommittee significant direction in a number of programmatic areas including the Basic State Grant Program, Independent Living, Projects with Industry, Client Assistance, NIHR, and other programs which serve persons with disabilities.

In recent years, UCPA has become increasingly concerned about improving employment opportunities for persons with severe disabilities. While many clients are served by the vocational rehabilitation system, all too often these services either do not lead to employment opportunities for disabled individuals or result in employment which may not fully utilize the clients employment skills. We point this out not to be critical of any one segment of the rehabilitation community. Rather, we believe that this is a problem that those concerned about rehabilitation, especially the members of the Subcommittee, should give further consideration. Therefore, our testimony will focus on one solution to this problem: Improving rehabilitation engineering as it relates to employment. UCPA firmly believes that if we improve our ability to adapt the work place, many persons heretofore thought to be "unemployable" will be able to take their rightful place in the working world. Further, our statement will outline some of the problems encountered in the production of adaptive equipment and the response being made by the National Institute of Handicapped Research to this problem. Finally, we will consider how the Independent Living Program serves persons with cerebral palsy.

The Cooperative Agreement

In April 1981, UCPA entered into a Cooperative Agreement with the Rehabilitation Services Administration, the National Institute on Handicapped Research and the Council of State Administrators of Vocational Rehabilitation. The purpose of the Agreement is to improve rehabilitation services and thus, employment opportunities for persons with cerebral palsy. As the Agreement states:

> "While many advances have been made in vocational rehabilitation in the last several decades, the vast majority of persons disabled by cerebral palsy have not been served....
>
> Another critical area for intervention involves increasing employability and employment options. Unfortunately many persons with cerebral palsy are labeled as unemployable, inappropriately placed in sheltered workshops or limited to few employment options. Also, many persons with cerebral palsy have been underserved by the educational system and this factor has further limited their employment options."

The Agreement outlines tasks which each agency will undertake in order to improve employment opportunities for severely disabled individuals. These tasks include the following: long range planning, case finding and referral, data retrieval, professional training, consultation services, regional review and a focus on rehabilitation and independent living skills. Throughout the Agreement the importance of improving rehabilitation engineering as it relates to employment has been stressed.

Since the signing of the Cooperative Agreement, progress has been somewhat slower than our agency had originally anticipated. However, this past fall we hired a full-time rehabilitation professional in our national office to work on the implementation of the Agreement. The following examples of UCP affiliate activities indicate that the agreement will ultimately lead to improved employment opportunities in the future for persons with cerebral palsy:

- Perhaps the best example of cooperation between UCPA and the vocational rehabilitation system can be seen by the efforts of UCP of New York City. This affiliate is involved in placing persons who are currently in sheltered workshop programs into competitive employment. UCP of NYC also provides post employment services which may be needed by these clients. Two years ago, this program had been so successful that the New York Office of Vocational Rehabilitation has signed a contract with UCP of NYC to provide these services to other severely disabled persons.

- UCP of Indiana has hired a full-time rehabilitation engineer to improve employment opportunities for developmentally disabled persons who are currently working in sheltered workshops. This individual serves as a resource person on what technology is commercially available to the employer. He also offers recommendations on how to adapt a worksite for a particular disabled individual. When such worksite modifications are recommended, the rehabilitation engineer focuses not on a single job, but two or three jobs which the person may be able to perform, thus increasing that person's employment potential.

- UCP of the North Shore has undertaken a direct training/on-the-job training program for severely disabled adults. There are currently nine enrollees in the program. UCP has met with the Massachusetts Rehabilitation Commission concerning possible funding for this program. It appears that the Massachusetts Rehabilitation Commission will enter into a "purchase-of-service" agreement some time in the future. It is hoped that such an agreement will foster other cooperative ventures.

- As a result of the Cooperative Agreement, UCP of Wisconsin has entered into joint agreement with the Wisconsin Department of Rehabilitation. Specifically, UCP of Wisconsin is working with rehabilitation counselors to make them aware of the services which can be provided through the use of an occupational therapist and/or rehabilitation engineer in adapting the worksite for severely disabled persons. UCP of Wisconsin is using the work done by the Job Development Laboratory at George Washington University as a model.

- UCP of Alameda-Contra Costa Counties has been working with RSA Region IX to improve services for persons with cerebral palsy. The affiliate and the regional office have had extensive information sharing including statistics concerning the number of persons with cerebral palsy served in the state of

California. At the local level, UCP of Alameda-Contra Costa Counties is working with DVR to develop an on-the-job training program for persons with severe disabilities.

Need for Technology

Persons who are involved with the employment of the severely disabled generally agree that rehabilitation engineering and job adaptation are essential to assuring that these persons obtain suitable employment. One rehabilitation professional put it this way:

> "The potential contribution of rehab technology toward the employability of persons with cerebral palsy is immeasurable.... My sense is that a great deal of technology is already in place and the difficulty lies in applying it to the individual consumer at a cost which can be borne. At the present time it appears that only a very small segment of consumers have had the opportunity to benefit from rehab engineering for purposes of employment. My thought is that unless the rehab technology is in place during the consumer's period of education/training, the chances of matching the technology to a job is decreased. What....a consumer needs (is) the input and equipment available through rehabilitation engineering techniques early in life because if not, they probably will not be "tracked" for employment."

Perhaps more important is the fact that a government study has reached similar conclusions. The Berkely Planning Associates, in conjunction with Harold Russell Associates, has recently completed a study concerning the accommodations made on behalf of handicapped workers by federal contractors. This study for the Department of Labor "sought to provide a better base for implementing Section 503 of the Rehabilitation Act of 1973..." The 20-month study surveyed 2,000 federal contractors concerning the nature and extent of the accommodations made for disabled employees but only 367 responded. In addition, 85 telephone interviews were conducted to obtain more detailed information concerning the types of accommodations made. A survey of disabled workers was also taken to "learn about any accommodations that may have been made for them." Finally, case studies were done of ten firms who were identified as having "exemplary accommodation practices."

The study made the following conclusions which may interest the Subcommittee:

- An overall conclusion of the analysis is that for firms which have made efforts to hire the handicapped, accommodation is "no big deal".... Only 8% of the accommodations cost more than $2,000.
- "Accommodation efforts are generally perceived as successful in allowing the worker to be effective on the job."

- "Accommondations for individual workers take many forms: adapting work environments and location of the job, retraining or selectively placing the workers in jobs needing no accommodation; providing transportation, special equipment or aides, redesigning the worker's jobs and re-orienting or providing special training to supervisors and co-workers. No particular type of accommodation dominates. Most workers received more than one kind of accommodation."

The study draws a number of conclusions, but the following may be of special interest to the Subcommittee. They recommend the government:

- "Provide technical assistance and possibly cost-sharing in accommodation. This may particularly be needed with the small business sector, which is both the source if a disproportionate share of new jobs being created by the economy, and also the sector least likely to hire and accommodate the handicapped due to limited personnel systems, diversity of occupations, and inexperience with accommodations Government-funded rehabilitation engineering centers are one possible source of expertise, but more locally available sources are needed, possibly drawing on state VR programs for supply." (Emphasis added)

It should be pointed out that of the firms surveyed 28% reported having no handicapped workers. An additional 17% have made no accommodation. Only 55% have made some form of accommodation. Thus, while this study demonstrates the value of adapting the worksite to disabled individuals, it also points out the need to increase our focus in this area.

Efforts of Vocational Rehabilitation

As we have already illustrated through some examples of the ways in which our Cooperative Agreement is being implemented, several vocational rehabilitation agencies have become involved in rehabilitation engineering as it relates to employment. The following are some examples of efforts being made by vocational rehabilitation agencies either on their own or in conjunction with other agencies or institutions. By using these illustrations, we do not wish to infer that these are the only efforts vocational rehabilitation is making in this area. Rather, these examples are meant to offer the Subcommittee ideas of how rehabilitation engineering can be used by vocational rehabilitation agencies.

- The Iowa Department of Rehabilitation was funded as a Comprehensive Rehabilitation Center during FY 80 and 81. Drawing on the work done by Dr. Kali Mallik at the Job Development Laboratory at George Washington University, the Iowa DVR developed a unique method to increase employment opportunities for severely disabled persons. A team of professionals composed of a rehabilitation counselor, a professional in job training and development, and an individual knowledgeable in adaptive equipment work together to solve the unique problems faced by severely disabled clients. This team looks at problems encountered at the worksite and other environmental factors including the individual's living arrangements. While this project is no longer funded as a Comprehensive Rehabilitation Center, at this point they have been able to maintain this valuable service.

- In New York, Rensselaer Polytechnic Institute was awarded a Research and Training grant from NIHR to work with the New York Office of Vocational Rehabilitation. Through this grant, students from Rennselear were used to assist placement staff with job analysis and work site modifications to maximize employment opportunities for persons with severe disabilities. This newly established relationship will provide OVR with placement and counseling staff with first-hand information on the effective use of rehabilitation engineering techniques to maximize client employability.

- The Department of Vocational Rehabilitation in Michigan has applied rehabilitation engineering in a variety of ways. First, in cooperation with Michigan State University, DVR of Michigan supplied two students, who are both severely disabled by cerebral palsy and are nonverbal, with a computerized speech device. This device enables these students, to speak and pursue work in computer programming. DVR of Michigan in conjunction with the University of Michigan has also developed a Mobile Laboratory to develop worksite modifications. This Mobile Laboratory visits the client's worksite and makes recommendations about any modifications the client might need. DVR of Michigan also works directly with clients to prepare them for the work experience and teach them how they might also modify their work environments themselves. DVR of Michigan feels strongly that the majority of modifications which need to be made for the disabled employee often are similar, if not identical, to those modifications which private industry makes in order to increase productivity.

- In New Jersey, the Department of Vocational Rehabilitation is working with the Metheaney School to improve rehabilitation engineering services for clients. The Metheaney School serves severely disabled children and adolescents, many of whom are multiply disabled. DVR is trying to develop a cadre of volunteers who have some type of engineering skill and are willing to assist in making modifications for these clients. DVR will pay for any purchase of equipment or materials which may be needed in order to complete a given modification. This technique matches the skills of the volunteer to the needs of the individual client and also stretches scarce service delivery dollars further. Since many of the students at the Metheaney School are adolescents who are either employed or preparing for the world of work, this program will no doubt increase their employability.

These are a few examples of efforts being made by various state departments of Vocational Rehabilitation. The professionals we surveyed in preparing the above examples all agree on one important point: While some efforts are being made to increase the utilization of rehabilitation engineering, much more needs to be done. Many feel that the practical application of rehabilitation employment, (i.e., the modification of the worksite to meet the functional needs of the client), is essential to placing severely persons in the work place.

NIHR Initiatives

Currently, the National Institute of Handicapped Research funds 18 Rehabilitation Engineering Centers (RECs). Of these only one, Center Industries Corporation, (which is affiliated with UCP of Kansas) is concerned primarily with employment. The Center Industries Corporation of Wichita, Kansas, aided by technical assistance from Wichita State University, is primarily a job shop operation providing support for local Wichita in the basic areas of fabrication, matching, and assembly. It employs the physically handicapped alongside the able-bodied in a 75% handicapped-25% able-bodied ratio. Diagnostic test procedures and testing hardware have been designed to determine the physical capabilities and job requirements. As a result, severely disabled workers are generally meeting industrial norms and receiving unsubsidized wages, thus taking their new status as contributors to society.

Recently, Center Industries Corporation has begun to work with employers to provide incentives for industry to hire severely disabled persons. They continue to believe that, while much progress has been made in recent years toward improving worksite modifications for disabled workers, much more should be done. They also believe that much knowledge exists which is not always shared throughout the rehabilitation community. They point out that many exemplary programs could be replicated if such information were disseminated. They hasten to point out that many people envision rehabilitation engineering as an expensive endeavor when in fact the majority of worksite modifications can be made at a reasonable cost.

Beyond the problems of timely dissemination of this information, the problem arises of who will manufacture adaptive equipment at a cost disabled persons can afford. The NIHR Long-Rang Plan, developed in 1981, has this to say about the manufacturing of adaptive equipment:

> "Technological devices can be largely developed and distributed through the facilities, research capacity, staff, management, market expertise, and distribution networks of private industry. However, there are now several disincentives to private industry investment in this area: lack of adequate information about market demand; obstacles caused by the patent system, the third-party payment system, and liability insurance requirements; and the fact that some of these undertakings may be unprofitable because of high investment costs for a very limited market. NIHR's immediate goals are to reduce these obstacles by (1) initiating a program of demographic research, including market surveys of the handicapped population; (2) determining the necessary incentives to offset the low returns anticipated from investment; and (3) studying and testing policy modifications to offset other specific obstacles."

We are pleased to learn that NIHR intends to award a grant this year to focus on the above cited goals. In addition, this grant will look at performance standards and evaluation of adaptive equipment to assure the quality of equipment produced for use by disabled persons. UCPA intends to work with NIHR on this matter.

The Office of Technology Assessment of the Congress has also considered the unique problems in the production of technology to meet the needs of handicapped individuals. In their report entitled Technology and Handicapped People specifically addresses the problems of production, marketing and diffusions of disability-related technologies.

> "The production, marketing, and diffusion of technologies are steps that are most often appropriate private sector activities, and yet a number of factors work against that sector's willingness and ability to engage in those activities. Research and development (R&D) organizations have typically placed a low priority on production, marketing, and diffusion activities. The National Aeronautics and Space Administration's (NASA's) activities in technology transfer illustrate an exception. In general, however, the ultimate commercial production and distribution of technologies being developed with Federal funds have not been given sufficient attention."

To address this problem the OTA report recommends the following:

> "Congress could amend current legislation to create a consistent and comprehensive set of fiscal and regulatory incentives encouraging private industry to invest in the production and marketing of disability-related technologies."

The report goes on to explain that:

> "...this option recognizes the current confusing and often detrimental collection of competing incentives set up by such laws. It implicitly is based on several ideas: 1) that a great many technologies, though certainly not all, could be serving far more people than currently; 2) that some, perhaps many, technologies' development and subsequent distribution depends less on further research than on the willingness and ability of private industry to develop, produce, and market them; 3) that policies of the Government greatly affect private industry's willingness and ability to produce and market these technologies; and 4) that current legislation and regulations do not create adequate positive incentives for those firms to do so."

We believe that this and other OTA recommendations warrant further consideration by the Subcommittee. This is clearly a complex issue and there are no easy answers. However, production and dissemination of technology is essential to improving the quality of life for disabled persons. We have focused our attention in this statement on technology as it relates to employment, but we readily acknowledge that technology can improve the quality of a disabled person's life in other areas including independent living and increased mobility. NIHR has made some laudable first steps in improving technology in general and rehabilitation engineering specifically. But much remains to be done, especially in the area of dissemination of information and production of equipment.

Comprehensive Services For Independent Living

One of the most exciting federal initiatives of the last decade was the enactment in 1978 of the Independent Living program. Part A of Title VII of the Rehabilitation Act envisioned a major statewide service delivery system. UCPA is very concerned that both the Congress and the Carter and Reagan Administrations have restricted the program to the federally administered Part B Centers for Independent Living, CILs.

The primary concern of UCPA with the Independent Living program in 1983 is how to create a transition from a federally administered series of model and demonstration centers which have proved their value to a statewide service delivery system for the severely disabled population. UCPA recommends the reauthorization of and funding for the Part A program.

Importance to Persons with Cerebral Palsy

Individuals disabled with cerebral palsy are a primary category of persons served through the existing CILs. For example:

- Of the 799 individuals served by the five CILs in Wisconsin between October 1, 1980 and March 31, 1982, 87 or 11% were disabled with cerebral palsy.

- Of 322 consumer respondents from 12 of the then 16 existing CILs in California in 1978, 11.3% were disabled by cerebral palsy. A comparison group or quasi-control group was used in this California Department of Rehabilitation study (June 1982). The comparison group was a random selection of applicants who had been denied state VR services and were not being served by either DVR or the CILs. Only 4.2% of the 286 comparison group were disabled with cerebral palsy.

- Of 23 CILs in California serving 8,606 clients between October 1, 1981 and September 30, 1982, 639 (or 7.37%) were developmentally disabled.

Service Contributions of CILs

CILs provide an array of services generally not available from other government programs or offered only to persons meeting means tested eligibility programs such as Medicaid. For example:

- Of the 4,131.7 monthly average number of clients served by California's 23 CILs between October 1, 1981 and September 30, 1982, the monthly average of clients by service were:

  1) Peer Counseling, 887.0
  2) Unique direct service, 844.2
  3) Attendant Care, 742.4
  4) Housing Assistance, 678.4
  5) Advocacy, 636.2
  6) Transportation, 370.9
  7) Communication, 341.9
  8) Independent Living Skills, 246.1
  9) Employment, 215.3
  10) Equipment repair/loan, 148.8

- With little variance from center to center, the most frequently needed services in Wisconsin's five centers between October 1, 1980 and March 31, 1982 were the following: Personal Care Assistance/Attendant Care, Information and Referral, Independent Living Skills Assessment and Training, Peer Counseling, Housing Assistance, and Transportation.

- Of considerable significance in the five Wisconsin centers were changes in the residential status during the course of service. As a Region V Rehabilitation Services Administration report observes, "The large increase in the 'own home' category represents one of the major triumphs of the independent living program." The residential status change follows:

Status	Percent at Referral	Percent at Closure	Difference
Hospitals/alcohol/ drug centers	10.5	4.9	- 5.6
Nursing homes	7.6	6.3	- 1.3
Community residential facility	2.0	1.0	- 1.0
Special arrangements	.8	1.3	+ .5
Parent/relative's home	22.0	12.0	-10.0
Own home	52.0	68.0	+16.0
Unreported	5.1	6.5	

- When clients are terminated from a Wisconsin center program, the counselor is asked to assess the overall independent living status of the individual as to whether his/her situation has improved, not improved, or can not be assessed. For the 301 clients that were closed between October 1, 1980 and March 31, 1982, the following status changes were indicated:

Improved	201 (67%)
Not Improved	80 (27%)
Not possible to Assess/Not Indicated	20 (6%)

UCPA Recommendations

To live and work in the community is the goal of severely disabled Americans. We believe that this goal can be achieved through expanding the current Independent Living Program and through encouraging the development, dissemination and utilization of rehabilitation engineering. We believe that rehabilitation engineering can be provided inexpensively and can improve working conditions for most disabled persons who are or wish to be employed. The following are our specific recommendations as the Congress seeks to reauthorize the Rehabilitation Act:

- Congress should support the CCDD Training and Employment Task Force recommendation that the legislation extending the Rehabilitation Act contain authorizations for Basic State Grants under Section 110 (b) (1) of the Rehabilitation Act of 1973, as amended, equal to $1,037.8 million in Fiscal Year 1984; $1,141.1 million in Fiscal Year 1985; and $1,254 million in Fiscal Year 1986. These authroizations would in part achieve the goal of restoring the purchasing power of the rehabilitation dollar to the 1979 federal spending level.

- Congress should reauthorize Innovation and Expansion Grants which are authorized through Section 120 of the Act. Historically these monies have been used to serve unserved and underserved populations such as persons with cerebral plasy. This program was last funded in FY 1980 at a level of $11.775 million. We recommend that Innovation and Expansion

Grants should be reauthorized at the 1980 levels at a minimum. Further the Congress may wish to specificly direct a portion of these monies to be specificly directed to expanding employment opportunities through rehabilitation engineering.

- RSA should be directed to increase their efforts to improve dissemination of information concerning rehabilitation engineering so that counselors are aware of 1) the availability of such technology and how it can be utilized to improve employment opportunities for severely disabled individuals and, 2) where to contact persons who have expertise in making worksite modifications for persons with disabilities.
- UCPA recommends that both Part A and B of Title VII be reauthorized and that the authorizing committees of the Congress instruct the appropriations committees to fund Part A. The Consortium for Citizens with Developmental Disabilities (CCDD) Task Force on Budget and Appropriations, cochaired by UCPA, has recommended an appropriation of $45 million which would allow $25 million to initiate Part A, $18 million to maintain Part B, and $2 million to initiate Part C.
- Through increased funding, NIHR should be directed to fund other Rehabilitation Engineering Centers which are specifically directed to employment.
- The Congress should direct NIHR to improve their efforts to disseminate the knowledge which they have already gained through existing Rehabilitation Engineering Centers as well as other exemplary programs which provide assistance in worksite modification.
- Congress should give further consideration on how to improve the incentives to manufacturing adaptive equipment through drawing on knowledge gleaned from current studies being done at NIHR as well as the work which has been done by the Office of Technology Assessment.

We appreciate the opportunity to submit written testimony concerning the reauthorization of the Rehabilitation Act. We look forward to working with the Subcommittee as the Act is extended.

- Independent Living Citations

1) Hichle, Gene and Robins, Bridget. Programs for People: The California Independent Living Centers. Sacramento, CA: State of California Department of Rehabilitation, June 1982.

2) State of Wisconsin, Department of Health and Social Services, Department of Vocational Rehabilitation. Centers for Independent Living. Madison, WI: State of Wisconsin Department of Vocational Rehabilitation, September 15, 1982.

3) U.S. Department of Education, Rehabilitation Services Administration, Region V. The Economic And Societal Benefits of Independent Living Services. Chicago, IL: U.S. Rehabilitation Services Administration, Region V, December, 1982.

STATEMENT OF MARTHA H. ZIEGLER, COORDINATOR OF THE NATIONAL NETWORK OF PARENT COALITIONS, TO THE UNITED STATES SENATE SUBCOMMITTEE ON THE HANDICAPPED, ON PARENT TRAINING AND INFORMATION CENTERS, P.L.94-142

March 22, 1983

The framers of P.L.94-142 were careful to include language in the statute itself insuring parent participation in several key roles. The law provides an individual parental role in planning and monitoring each child's educational program; it also provides for parent participation in each state's planning and implementation of special education policy. To perform these roles mandated by the federal law, parents of children needing special education must have highly specialized information and skills. This need has prompted leaders in Congress and in the U.S. Department of Education to support Parent Training and Information Centers operated by groups of parents whose children have a variety of disabilities. These groups, coalitions of disability organizations, have emerged across the country as parents have identified the generic issues that transcend particular categories of disability. The Parent Training and Information Centers are operated by parents explicitly for the benefit of parents of handicapped children.

Each year, approximately 250,000 parents and other concerned persons receive training and information at Parent Training and Information Centers, funded through grants from the Personnel Preparation program of the special education section of the U.S. Department of Education. These centers have developed a reputation for the high quality of their materials and instructional methods, and for the accuracy of the information they disseminate. This reputation has enabled the Parent Training and Information Centers to foster strong partnerships between parents of handicapped children and educators, health care professionals, and others concerned with the welfare of children with disabilities.

Currently, 14 centers provide services for parents in 17 states and the Commonwealth of Puerto Rico. Parent coalitions in eight additional states have recently applied for Personnel Preparation funds, and parents in 10 more states are seeking assistance from the National Network of Parent Coalitions in order to offer similar services to parents in their states. Parents in all 50 states and the territories should have access to these benefits.

In the present fiscal year, services are being delivered by the 14 Parent Training and Information Centers at a total cost of 1.25 million dollars, and this total includes a component for coordinating the work through the National Network of Parent Coalitions. The National Network estimates that the minimum amount needed to fund centers to serve parents in all 50 states is 3.5 million dollars.

Each Parent Training and Information Center conducts training workshops on the role of parents as members of the IEP team, as mandated by P.L.94-142. The training workshops also cover other relevant state and federal laws. In addition, the centers offer parents a variety of other services, including resource libraries, newsletters, and pamphlets on such specialized topics as insurance, taxes, medical issues, respite care, and planning for the future of their children with special needs.

The training conducted by the parent centers differs from other parent training programs because of the assumptions on which the coalitions operate. Underlying all the activities is a philosophical base that stresses the importance of parent involvement at every level: parent to child, parent to parent, and parent to professional and policymaker. Therefore, the Parent Training and Information Centers promote the active and informed participation of parents in caring for and supporting their children at home, at school, and in their neighborhoods and communities in shaping, implementing, and evaluating the public policy which affects them.

Although the focus of the activities conducted by the Parent Training and Information Centers is not primarily on the emotional needs of parents, one of the special characteristics of parents helping parents is a built-in trust and empathy which constitute a source of moral support and emotional strength.

Only recently, a parent who had participated in one center's training called the center to report that for the first time she was able to achieve an appropriate educational program, without a due process hearing, for her severely handicapped youngster, and she owed it all to the parent center's training. It was clear to the center's staff that this mother's excitement stemmed not just from the successful program, but also from the fact that she had finally acquired confidence as a mother, an awareness that she did indeed have the power to help her child.

At a parent center in another state, a school administrator recently wrote a letter to the center extolling the center's training and praising the center for its role in helping parents make more effective contributions to the education of their children with disabilities within that particular school system.

Finally, the assumptions underlying the peer training conducted by parent coalitions have been confirmed by a report issued last November, "The Study of Parental Involvement in Four Federal Education Programs," conducted by System Development Corporation under contract to the U.S. Department of Education. The study, completed in February 1982, examined parental involvement in four programs: Elementary and Secondary Education Act (ESEA) Title I, ESEA Title VII Bilingual Program, Follow Through Program, and Emergency School Aid Act. The following two major conclusions of the study have particular relevance for parental involvement in special education:

- Projects that offered well-planned student services, that were well-organized, and that ran efficiently were also the ones were parents were most involved, and had the widest range of activities at the highest levels of participation.
- At projects where parental involvement flourished, there were observable benefits for students, parents and staff.[1]

The study showed that effective parental involvement produced the following benefits:

- Improved student attitudes, conduct and attendance

- Better understanding of student needs
- Increased self-confidence and personal satisfaction for participating parents.[2]

Parents of children with disabilities will continue to need the reinforcement of peer training in order to overcome the sense of isolation, to legitimize parents' view of their children as significant, individual people who happen to have a handicapping condition, and to equip parents to fulfill their important role under the law.

Footnotes:

[1] System Development Corporation, "The Study of Parental Involvement in Four Federal Education Programs," November, 1982, Executive Summary, page 3.

[2] Ibid.

CHAPEL
HILL
TRAINING-
OUTREACH
PROJECT

TESTIMONY ON BEHALF OF EARLY INTERVENTION

Submitted by:

Anne R. Sanford, Director
Chapel Hill Training-Outreach Project

Only the last decade has provided evidence of hope for our nation's young disabled children. Prior to Congressional legislation which led to the establishment of the Handicapped Children's Early Education Program, the isolated developmental day care services available to the American preschool handicapped child offered little more than a safe babysitting environment. Most of these programs were established and run by frustrated parents who had no other resource for their handicapped youngsters. This absence of even minimal services reinforced massive institutionalization of disabled babies and toddlers.

Until the early seventies, developmental assessment, effective curricula, and comprehensive family involvement services were non-existent. Furthermore, the typical American public school maintained a policy of refusal to enroll most mentally retarded children until the age of eight.

In 1968, the HCEEP First Chance Program stimulated the establishment of twenty-four early childhood demonstration projects whose primary goal was the development of innovative methods and materials for serving young handicapped children and their families.

The overwhelming response from the American community was a plea for sharing by these demonstration programs. The exciting new approaches to early intervention for the handicapped were shaking the traditional foundations of apathy toward young developmentally disabled children.

In response to the nationwide requests for help, some demonstration projects moved into the outreach phase of the Handicapped Children's Early Education Program. These outreach projects have stimulated the creation of thousands of replication sites which have based their services on the validated models.

A striking example of the efficacy of the demonstration-outreach approach is found in the Chapel Hill Project--one of the original twenty-four programs.

In reaching out to state, regional, and national networks, the Chapel Hill Project has stimulated the establishment of over 900 documented replication sites throughout the United States. State Departments of Education in Kentucky and Lousiana, as well as the statewide Mental Health Network in Wyoming, have adopted the Chapel Hill Project's model of services to young handicapped children and their families. This same Outreach Project has designed and implemented the Region IV Head Start network of services to the handicapped which utilizes the Chapel Hill assessment and curricula in services to over 10,000 professionally-documented handicapped youngsters. As a validated model, which has been approved by the Joint Dissemination Review Panel, this exemplary program has impacted early childhood services throughout America and abroad. In 1980, at the request of Egypt's First Lady, Madame Gihan El Sadat, the Chapel Hill materials were translated into Arabic and now form the basis of service to young handicapped children throughout the United Arab Republic.

As Public Law 94-142 continues to serve as a catalyst for increased services to the young child with special needs, public school and day care providers look to the Handicapped Children's Early Education Program for technical guidance, effective materials, and innovative strategies to assure quality services. The significant breakthroughs in programming which have been generated by these early intervention systems provide only an inking of the potential progress which lies ahead.

No educational program in this country has the research-based evidence of efficacy which is enjoyed by early intervention. Furthermore, the cost-effectiveness of preschool programs for the handicapped have been shown to save between nine and ten thousand dollars per child for the cost of education to age eighteen.

Yet, in spite of the clear evidence of the efficacy of early intervention, services for the handicapped preschooler remain isolated and fragmented. The years from birth to three (the most critical for the handicapped) have been the most neglected. Creative equipment, materials, and methods for multiply-handicapped infants need further development and refinement.

The genius of the HCEEP plan is its focus on documented replication by the Outreach Projects. Systematic dissemination of innovative strategies has served to stimulate exciting new services for the disabled preschooler. No Federal program has generated such documented impact at such minimal cost to the taxpayer.

Public Law 94-142 has ushered in a new world of opportunity for the handicapped. Nowhere is this change more evident than in our public schools. As early childhood educators grapple with the challenge of serving young children with handicaps, they seek technical assistance and training from the HCEEP model. The effective collaboration between State Incentive Grant efforts and the HCEEP projects has assured the preschool personnel of an effective technology transfer support system.

In addition, the outreach support pays off in priceless dividends for the regular teachers and non-handicapped peers. In one rural North Carolina community, the entire enrollment of the K-3 population learned to "sign" in order to communicate with a deaf five-year-old schoolmate.

There are countless examples of how human compassion has been channelled into effective services for young handicapped children. But this process requires field-tested materials, methods, and training--such as those generated by the HCEEP model demonstration sites.

Early intervention requires a commitment of resources, both human and financial. It can make a difference--in human and in financial terms.

We have barely scratched the surface of need. There must be no consideration of reduction in funding of the Handicapped Children's Early Education Program. In fact, common sense dictates an increased support for early intervention.

TESTIMONY RELATIVE TO P.L. 91-230, TITLE VI C

R. Carol Wallenstein
8 Kent Street
Concord, New Hampshire 03301

I am the mother of an adult deaf/blind daughter, Holly, who has been deaf and blind since birth. I know first-hand how complex it is for a deaf/blind child to be taught and to learn communication skills--upon which all other learning depends. There are special methods of teaching a child who is either deaf or blind, but these methods must be changed drastically to meet the teaching/learning needs of the child who is both deaf and blind. This dual sensory deprivation excludes that child from understanding his environment and his relationship to it. His ability to interact with it requires teachers specifically trained to meet his special needs; teachers able to help him to maximize whatever residual sight or hearing he might have. Too often he has simply been classified as "too retarded to test," and he has remained untaught. Not all deaf/blind children are retarded, but without skilled teachers they will be.

Sandy is a three-year-old girl in Massachusetts. At birth she was diagnosed as deaf, blind, and severely retarded. Institutionalization was recommended. The young father promptly disappeared. The mother could not deal with difficult realities and gave the child up. Her grandparents accepted the challenge and adopted the baby. When I last saw her some six months ago she was a joy to behold. She is a bright, active, happy child. Two hearing aids and thick little glasses maximize her defective hearing and vision. Early intervention instruction has already given her some language skill. Who knows?--Sandy may become another Helen Keller. It must be remembered, however, that Helen Keller's great accomplishments required a gifted teacher who accompanied her from childhood to and through Radcliffe. Without her special teacher, Helen Keller would have spent her life untaught and unteaching. I have seen a documentary film showing several deaf/blind young people regularly employed in California at McDonald's. Another film showed a young deaf/blind woman employed in a beauty parlor. These young people are self-supporting.

In 1969 fifteen Regional Centers throughout the country were established under the Education of the Handicapped Act P.L. 91-230, Title VI C, Section 622. Initially these Centers provided models from which to develop deaf/blind programs. Implementation of P.L. 94-142 marked a change in focus for these Regional Centers, which greatly expanded their roles. Since 1975 they have been providing technical assistance and in-service training to school personnel; consultations with teachers, therapists, and aides; family training and support systems; development and dissemination of resource materials to educational staff and to families; and numerous other services to deaf/blind children and their families that are available nowhere else. Without services currently provided by the New England Regional Center (and other Regional Centers), New Hampshire (and the other states) will have no resources to deal with all the special needs of their deaf/blind population.

Among the most important and helpful services to parents, instituted by the New England Regional Center, were the twice-yearly workshop week-ends offered to families of deaf/blind children. Our Holly was eighteen years old when NERC and we were first in contact with one another. Until that time we had never met another parent who shared our particular grief and need. For the first time we began to understand what was "normal" behavior for a deaf/blind child--and the parents! We met a host of parents of the 235 New England rubella children, and were able to give and to get needed moral support. Workshops covered a variety of training areas that better equipped parents to understand their children more fully; to know relevant law more completely; to advocate more successfully; to recognize the special needs of siblings of deaf/blind children; and other subjects related to our often lonely and stress-filled lives. Such help could come only from those who were well-versed in the uniqueness of the needs represented.

All these services which have been readily available to parents, teachers, and education agencies are in extreme jeopardy. Educational service needs of the deaf/blind are completely unique among all handicapping conditions. To dilute in any way the availability of the teaching expertise that has been developed will seriously hinder the futures of our deaf/blind children. There will always be a need for these services despite medical advances. Rubella is not the only etiology that produces deaf/blindness in new-born babies; and some of those who are either deaf or blind may well become both deaf and blind, which would then necessitate a whole different approach to their education.

The drastic changes that are being proposed will have serious consequences for all states, particularly those with rural and scattered populations. If the New England States are joined with New York and New Jersey, ready access to services now provided will be sharply curtailed. If each state is expected increasingly to assume costs of educating its own deaf/blind children, current services will soon disintegrate or disappear as low-incidence populations are relegated to a position of low priority.

The uniquely severe handicap of deaf/blindness prompted the passage of P.L. 91-230, Title VI C, Sec. 622. Regional Centers then instituted essential support services which were not mandated by P.L. 94-142; but which made it possible for school districts to comply with the mandates of that law.

The Helen Keller National Center for Deaf/Blind Youth and Adults is making a bid to become one of the newly proposed Program Assistance Centers when the Regional Centers die. Its main focus has been on teaching self-help skills and rehabilitation; not on the education of children. Other providers are gearing up for the race. Replacing the Regional Centers will be a disaster. All the expertise in programs and services developed through years of dedicated hard work will be swept away; and the programs and services themselves will be lost to those who are dependent upon them.

The New England Regional Center I have known in the past seven years has been sharply cognizant of the unique needs of deaf/blind children and their families in the New England Region. Total effort has been expended by a small and competent staff to determine best methods for meeting those needs. There has been flexibility in programming so that the Center has been able to provide services peculiar to the region and its clients, and not according to concrete mandates coming from an office far removed from special circumstances in question. Interrupting the continuity of present services, and drastically changing regional boundaries will destroy existing organizational ties to the people who have been effectively served by the New England Regional Center. Short-changing the educational opportunities for deaf/blind students will certainly and seriously destroy their futures, destroy all possibility of independence, and vastly increase future costs for their long-time care.

Children who are products of the epidemic of the 1960s are in need of on-going adult services; for region-wide advocacy at state levels for help beyond age 22 (when P.L. 94-142 no longer mandates them); for vocational training; and for planning adult group homes or community living when they grow up and require such specialized programming and accommodations.

The Regional Centers are cost effective because there is no need for state-by-state duplication of technical expertise. Each Center has in place programs and helps REFINED to meet its area's needs. Dismantling or weakening them would be a colossal waste of accumulated professional skill and resources.

Please retain the present Regions intact, and insure funding for the Regional Centers so that they can remain the bulwark of help to deaf/blind children that they have been since their inception.

R. Carol Wallenstein
8 Kent Street
Concord, N.H. 03301

NATIONAL ASSOCIATION OF REHABILITATION FACILITIES
P.O. Box 17675, Washington, D.C. 20041 • (703) 556-8848
James A. Cox, Jr., Executive Director

STATEMENT OF

The National Association of Rehabilitation Facilities

for the

Subcommittee on the Handicapped
Committee on Labor and Human Resources

U. S. Senate
Washington, D. C.

March 23, 1983

NARF is the primary national membership organization of community-based vocational and medical rehabilitation facilities. Over 350 of these organizations are vocationally-oriented, providing a wide range of services to both physically and mentally handicapped persons. These services include evaluation and testing, skills training, work adjustment training, sheltered employment and job placement. One hundred and fifty of NARF's members are medical facilities offering restorative and rehabilitation services.

The Rehabilitation Act of 1973, as amended, has for many years provided the foundation for the provision of services to mentally and physically disabled persons. The modern federal rehabilitation program has its roots back to the 1920s and has served as a clear indication of the federal government's responsibility and commitment to provide meaningful programs for America's disabled citizens.

The vocational rehabilitation program has always been a cooperative arrangement between the federal government, the states and the thousands of prvate, non-profit community facilities providing services to disabled persons. NARF is proud to represent the private, non-profit sector of the rehabilitation community.

Rehabilitation facilities are the basic community source of services for disabled persons. Historically they have been the catalyst for the development of new and innovative rehabilitation programs. The Rehabilitation Act was written with that in mind. The Innovation and Expansion Grant section of the Act was to be used to stimulate these new and creative approaches to rehabilitation. Title III of the Act authorized construction and loan guarantees for facilities. These and other programs, including Projects With Industry, were intended to act as a stimulus to establishing the most effective services. The President's 1984 budget proposed that services to the severely disabled be increased to 64% of individuals served. Most of those individuals will be served in community-based rehabilitation facilities.

The Rehabilitation Act of 1973, as amended, is up for reauthorization in 1983. The Rehabilitation Act was last amended in 1978 when Independent Living, community services and several other provisions were added to the Act. The Omnibus Reconciliation Act of 1981 extended authorization of the Act through fiscal year 1983. Specific authorization levels were set for the basic state grants at that time, replacing a formula which would have allowed the program to grow with inflation. Many programs' authorizations were frozen at the level they received funding for in fiscal year 1981. These programs included research, training and independent living. The Reconciliation Act specified that certain other programs were not authorized to receive appropriations in fiscal years 1982 or 1983. These programs include evaluation, innovation and expansion, facility construction, vocational training services, comprehensive centers, community service employment and comprehensive independent living services.

It has been five years since any changes have been made in the Rehabilitation Act. The NARF Board of Directors adopted a position that major changes in the Rehabilitation Act are not warranted at this time. There are, however, several modifications to the Act that NARF feels would strengthen the Rehabilitation Act and enhance services to disabled persons. If these recommendations are adopted, rehabilitation facilities can continue to provide the services necessary for the continued improvement of services to disabled Americans. NARF supports reauthorization of the Rehabilitation Act through fiscal year 1986.

1. Sufficient authorization levels should be set for basic state grants and other parts of the Rehabilitation Act. Language should be added to make it clear that the authorization level for basic state grants is an entitlement and is not subject to reduction by the appropriations committee if states are able to match the federal share.

   The authorization levels recommended by CSAVR of $1037.1 million for fiscal year 1984, $1141.1 million for fiscal year 1985 and $1254.8 million for fiscal year 1986 are supported by NARF. We noted with interest that CSAVR, in its statement to the Senate Subcommittee on the Handicapped, said that a "well funded program of direct services..." was essential to the rehabilitation program.

   The NARF Board adopted a position last month to support increased appropriations for direct services to disabled persons. Funds appropriated under Title I of the Rehabilitation Act of 1973 for basic state grants should be maximized for direct case services to the greatest extent possible and should not be diminished for non-direct case service functions. This should be especially emphasized for funds appropriated above current funding levels.

Inflation has erroded much of the purchasing power of increases to the rehabilitation basic state grant program over the past several years. Increased costs at the state level have negated the increased allocation from the federal level. These increased costs, coupled with the added costs of working with a more severely disabled population, have resulted in a decrease in the numbers of people served and rehabilitated. NARF urges this Committee to monitor closely the allocation of rehabilitation funds to the states and to limit future increases in funding to direct services to disabled persons.

2. One percent of the amount appropriated for Title I, Basic State Grants, should be set aside in a discretionary fund for the Commissioner of RSA to be used for new and creative approaches to rehabilitation. Such a provision could act as a catalyst for new ideas and provide an alternative for non-traditional approaches. NARF thinks that the one percent amount would be both reasonable and appropriate. The Director of the National Institute for Handi-

capped Research has complete discretion with 10 percent of the funds available to NIHR each year. Ninety-one percent of the total dollars appropriated to the Rehabilitation Services Administration in fiscal year 1982 were passed on directly to the states. Most of the remaining nine percent is part of a catagorical discretionary program that gives the RSA Commissioner little, if any, leeway. The discretionary fund could serve as a source of setting national priorities by funding a variety of experimental, demonstration or evaluation projects of national significance. While projects in the states under the Innovation and Expansion Program (Sec. 120) could help implement some of the more creative and innovative approaches, the discretionary fund should be viewed as a more open process to explore new approaches to rehabilitation.

Funding a discretionary program for RSA would not be difficult and would not take money away from states' basic grant programs. Almost every year, rehabilitation funds are returned to the U.S. Treasury because the funds were not expended before the end of the federal fiscal year. Last year, $5.8 million was returned because 11 states and territories had not obligated the funds by September 30. In some instances, these leftover funds were due to differences in state and federal fiscal years. In other cases, anticipated expenditures were not made.

Technical language should be added to the Rehabilitation Act authorizing unexpended federal funds for basic state grants to be carried into the next fiscal year by the Commissioner of RSA to be used to fund projects to further rehabilitation of handicapped persons. Additional funds should be authorized to be appropriated to bring the Commissioner's discretionary fund to no more than one percent of the basic state grant appropriation for that fiscal year.

3. Section 120, Innovation and Expansion, should receive a separate appropriation and should be administered on a national level to recognize and encourage more effective programs.

Innovation and Expansion funding has been alloted to the states on a formula basis to fund the cost of planning, preparing for and initiating special programs to expand vocational rehabilitation services. Special emphasis in the Innovationand Expansion program is placed on serving the most severely disabled and other handicapped populations with special needs. In the past, Innovation and Expansion projects have brought the mentally retarded and cerebral palsied into vocational rehabilitation programs when previously they were thought to be too severely disabled to qualify for rehabilitation services.

Innovation and Expansion projects have not been appropriated separate funds since 1979 when funding for them was combined with basic state grants. In its last year of appropriation, $12 million was allocated to the states for Innovation and Expansion.

Innovation and Expansion funds are one of the few ways the Rehabilitation Services Administration can identify and affect national priorities for the rehabilitation of disabled persons. Under provisions of Section 121, the Commissioner of RSA may require the states to spend 50 percent of the Innovation and Expansion allocation on projects approved by the Commissioner.

The Committee should use this opportunity to place renewed emphasis on the Innovation and Expansion Program and to recommend an appropriation of at least the amount appropriated in fiscal year 1978.

4. Continued emphasis should be placed in training programs. Emphasis should not be diminished on the training of rehabilitation personnel, including facility managers, administrators and allied medical rehabilitation professionals. As disabled populations become more severely disabled, more extensive and specialized personnel are required to serve their needs. A recent study from the University of Wisconsin-Stout predicts that facilities will have to double their staff by 1990 to serve the need.

Training programs fund projects to help increase the number of personnel trained in providing vocational rehabilitation services to disabled people. Grants are awarded in fields related to vocational rehabilitation of the physically and mentally disabled, such as rehabilitation counseling, rehabilitation medicine, physical and occupational therapy, prosthetic-orthotics, speech pathology and audiology, and rehabilitation of the blind and deaf.

Rehabilitation personnel need more extensive and special training as more and more severely disabled and mentally ill people seek services. Prior to the 1973 and 1978 amendments, many of the people seeking vocational rehabilitation services could be employed and were considered easily rehabilitated, successfully closed cases. The new population seeking services presents different, more complex, longer term problems that place new and different demands on the people helping them. Rehabilitation personnel must be prepared to respond to these changes and require training in new skills.

5. Programs targeted to rehabilitation facilities in Title III of the Rehabilitation Act should be authorized for funding at specified levels for documented needs. Section 301, Construction of Facilities, and Section 303, Loan Guarantees, are especially needed to allow facilities to develop the physical plants and equipment needed to compete in more sophisticated markets and to train handicapped persons in marketable skills.

The reauthorization should direct RSA to implement the loan guarantee program. The loan guarantee program under Section 303 allows the Commissioner of RSA to guarantee the payment of principle and interest on loans made to non-profit rehabilitation facilities for the construction and equipping of such facilities. In addition to guaranteeing the loan, RSA will pay to the holder of the loan amounts sufficient to reduce the interest rate on the loan by 2 percent. There are safeguards in Section 303 to verify the viability of the loans sought to be guaranteed. There are also provisions in Section 303 to minimize the level of appropriation needed to fund the loan guarantee.

Rehabilitation facilities have proven to be good credit risks. The Handicapped Assistance Loan program administered by the Small Business Administration has the lowest default rate of any SBA direct loan program. The Handicapped Assistance Loan program makes loans up to $100,000 to rehabilitation facilities. The loan guarantee provision is needed to make larger loans needed for major capital improvement projects available to rehabilitation facilities at reasonable rates.

6. Projects With Industry should be given a separate title within the Act and authorized at $25 million. Projects With Industry is not a single program model but a concept that placement into competitive jobs should be the goal of vocational rehabilitation and that the business community should have a strong role in the rehabilitation

process. The development of rehabilitation programs over the years has placed much needed emphasis on identification of handicapping conditions and evaluation of a handicapped person's capabilities. Much progress has also been made in adapting training programs and special equipment to the needs of handicapped persons. For many years, however, efforts to get these handicapped persons into jobs did not receive the same emphasis that evaluation and training received. Projects With Industry emphasizes closure of the rehabilitation process.

Projects With Industry has demonstrated that with concentrated efforts severely disabled persons can be placed into competitive jobs much more quickly and at lower costs than had previously been experienced. The key to the Projects With Industry concept has been the involvement of the business community. Among the several Projects With Industry models that have been developed, all have business playing a central role. In some cases, it is the actual business concern that administers the program and places the handicapped trainees. IBM and Control Data have had impressive programs. In other instances, national trade associations have taken the lead such as the National Restaurant Association. Most Projects With Industry programs, however, are administered in local communities by local rehabilitation facilities. Projects With Industry programs at the New Haven Easter Seal-Goodwill Rehabilitation Center is one of the oldest programs and one of the best examples of what such a program can accomplish. In these local programs, a business advisory council helps establish actual job needs in the community, sets standards for training and placement and assists in the actual placement process. The business community brings new measures of success to the rehabilitation process. These measures exemplify productivity, cost effectiveness, accountability and bottom line results. Social service principles and values are still important but they should not be an excuse for poor results.

Nationally, Projects With Industry programs have placed over 50,000 disabled persons in competitive jobs. The average salary paid to these graduates has been over $9,000 per annum. Seventy-five percent of the disabled persons enrolled in Projects With Industry were placed. The cost to the federal government was less than $1,000 per placement. The federal funds were supplanted by other state and local funds, including vocational rehabilitation funds. Over 11,000 businesses have participated in the Projects With Industry program.

NARF has administered a national Projects With Industry program since 1978. NARF works with five NARF state chapters and 20 rehabilitation facilities to develop programs which use transitional workslots in industry and training based on the recommendations of local employers. Last year, the NARF project placed 493 handicapped persons through a combination of federal, state and local funds. Most of the clients were severely handicapped with the vast majority being diagnosed as mentally ill and developmentally disabled. The salary range for these persons placed was between $6,432 and $19,200.

An independent survey undertaken by Portland State University found that in fiscal 1981 the average hourly range earned by Projects With Industry clients was $4.75. The average cost per placement was $737 in federal funding. In a survey of clients placed through Projects With Industry and other placement programs, it was found that twice as many Projects With Industry clients were likely to be promoted.

NARF believes that the proven success of PWI over the past 15 years clearly justifies expansion of the Projects With Industry concept. Although Projects With Industry has received increased funding over the past several years, it is time that Projects With Industry be given higher visibility. Congress should provide a funding level which will encourage programs in all states and will allow expanded programs in certain industries which hold the most promise for jobs. NARF recommends an authorization level of at least $25 million for fiscal 1984. The current funding level is $8 million and an additional $5 million was added to the fiscal 1983 appropriation for Projects With Industry in the Emergency Jobs

Bill, bringing the fiscal 1983 appropriation to $13 million. The Reagan Administration has recommended $11 million for fiscal 1984. It would take much more than $25 million to meet the needs of handicapped persons who could be placed into competitive jobs. NARF firmly believes that rehabilitation facilities and the business community could meet that need given adequate resources. NARF realizes that an increase of threefold to the appropriations for Projects With Industry would not be easily obtained, therefore this recommendation is for an authorization level of $25 million to emphasis the need to expand Projects With Industry. NARF feels this figure is fully justified given the reduction in public assistance costs and the increased tax revenues that would be realized from the more than 18,000 handicapped persons that could be employed if the full authorization of $25 million was appropriated.

PWI should be given a separate title in the Rehabilitation Act as a concrete indication of Congress' commitment to providing meaningful employment opportunities to handicapped persons. The 1978 amendments also created a grant program for Business Opportunities for Handicapped Individuals in Title VI along with Projects With Industry. NARF recognized the need for providing capital resources and technical assistance to handicapped individuals to enable them to establish and/or operate small businesses. NARF feels that the Handicapped Assistance Loan program at the Small Business Administration best fulfills that role. Therefore Title VI could become the separate title for Projects With Industry.

Projects With Industry should continue as a discretionary national program within the Rehabilitation Services Administration. The flexibility of cooperative agreement between the RSA Commissioner, the private business sector and the private non-profit sector should continue. The flexibility afforded under the current program has allowed and encouraged many businesses to participate in the program when they might not otherwise have been willing to take the initiative to take part in these programs. This flexibility has also allowed local rehabilitation agencies to tailor Projects With Industry programs to meet local needs. If anything, added emphasis should be placed on the cooperative nature of the program between the business community and the local rehabilitation agencies that can assist business in training and placing handicapped persons into meaningful jobs.

7. Section 12 of the Rehabilitation Act states that the Commissioner of Rehabilitation Service Administration may provide "...consultative services and Technical Assistance to public or non-profit, private agencies and organizations." This authority and an earlier provision in Title III were traditionally used to provide technical assistance to rehabilitation facilities in areas such as contract procurement, high technology, cost accounting, marketing,

etc., to help facilities improve their performance in providing services to disabled persons. Technical Assistance, provided under Section 12, allowed facilities to be operated in a more businesslike manner and to become more self-sufficient and less dependent.

In the past, Technical Assistance had been funded at $250,000 per year. Although a small amount when compared to other programs, the appropriation was spread among many facilities since most Technical Assistance provided was of short duration and the amount of money needed for each consultation was relatively small.

The addition of Section 506 of the Act in 1978 caused confusion in the Technical Assistance program since it provided for Technical Assistance to "persons operating rehabilitation facilities" but only for the purpose of removing architectural barriers. Funding was shifted from Section 12 to Section 506 without the realization that this would not allow funding traditional Technical Assistance to rehabilitation facilities.

Two hundred and fifty thousand dollars should be appropriated in fiscal year 1984 for Technical Assistance to rehabilitation facilities under Section 12.

Rehabilitation facilities need access to experts to advise them on issues relevant to providing employment and rehabilitation services to disabled persons. The low cost per consultation and the improvement in services resulting from the consultations make the small appropriations most worthwhile.

8. A Community Service Employment Pilot Program was added to the Act in 1978. Patterned after the Older Americans Act, it would have promoted useful employment opportunities in public and nonprofit agencies providing community services. In these times of high unemployment, handicapped persons have a particularly difficult time finding employment. The reauthorization should direct implementation of this program.

9. Research regarding the development and improvement of rehabilitative treatment methods and rehabilitation engineering methods and devices is critical to an effective rehabilitation service system. The National Institute of Handicapped Research is under new leadership and its programs are being administered well. The problem now is essentially one of inadequate financial resources. In this fiscal year, only 50% of the applications recommended for funding were funded. Major funding increases are needed in fiscal year 1984 and future years to support meritorious applications and to initiate and expand new programs in research training and small investigator-initiated grants.

10. There is a real need for a strong advisory panel to the Commis-

sioner of RSA for rehabilitation services and other programs affecting handicapped persons. The National Council of the Handicapped was formed in 1978 to play both an advisory role and to set policy for Rehabilitation Service Administration and to establish research criteria for the National Insititute for Handicapped Research. Because of the dominant role of politics in the selection of National Council of the Handicapped members and a lack of independent staff, it has not been as effective as it could be as an advisor to Rehabilitation Service Administration and NIHR. The President's Committee on Employment of the Handicapped has been in existence for many years but has never provided the leadership or independence needed to be effective. The National Council of the Handicapped has a budget of less than $200,000 while PCEH has a budget of close to $2 million. A more effective advisory panel might result from consolidating PCEH and the National Council of the Handicapped. The Subcommittee should study the possibility of this merger and hold hearings to determine whether this would be a feasible approach. Legislative changes could be considered after hearings and a thorough study.

11. Section 101 of the Rehabilitation Act should be amended to require that states establish uniform rates of payment systems so that facilities are adequately reimbursed for their services.

There is a direct federal interest in the rates of payment for services utilized by state agencies which relates to cost effectiveness. The Rehabilitation Act of 1973, as amended, both in the state plan requirements and special provisions for facilities in Title III indicates that the Rehabilitation Services Administration and state agencies have responsibilities which transcend the immediate purchase of services for vocational rehabilitation clients. There is a clear mandate to these units of government to insure that the rehabilitation system as a whole, including facilities, be maintained with the capacity to render effective quality service to vocational rehabilitation clients. The ability of facilities and other providers to render services is a function of their ability to cover the cost of rendering of such services. Virtually all support for facilities other than payment for services has been excised from the federal budget. Facility Improvement Grants, Innovation and Expansion funds, and the like are no longer available. Accordingly, if rehabilitation facilities are to retain the capacity to render services both in terms of quantity and quality, it is essential that they both generate revenues from operation at or above their costs.

State agencies cannot fulfill their responsibilities for maintenance of facilities and utilization thereof while eroding the capital base of facilities by paying less than the cost of services rendered. It is suggested that the Act require only payment of the actual cost of services provided. Such a provision would be cost effective, as it will insure that the services capacity of facilities does not deteriorate by virtue of rendering services to clients under the state/federal program. The suggestion that payment for services at rates less than cost is "cost effective" is inconsistent with the maintenance of a sound rehabilitation system. The federal government prescribes methods of payment to providers in such programs as Medicare and Medicaid. The latter is analogous in legal structure and funding to the vocational rehabilitation program as it involves state administration and matching of federal funds for provision of services to designated beneficiaries. Accordingly, there is precedent for such action which is presumably "appropriate."

12. Amend the requirements in the state planning process to require greater public participation. Currently the Act does not require public participation in the preparation of the state plan for rehabilitation services. Specified times and methods of opportunity for public participation are needed to insure that all persons affected by the rehabilitation program may play an active role in the process.

13. Require RSA to have an office, bureau or division devoted to rehabilitation facilities. At least 30 percent of basic state funds are spent in facilities and a much higher percentage of severely handicapped persons are probably served in facilities,

yet only two persons are assigned to the facilities branch in RSA.

NARF urges the Subcommittee to consider the 13 points listed above when they mark-up the bills reauthorizing the Rehabilitation Act of 1973. NARF's staff is willing to offer any assistance requested by Subcommittee members and their staffs that may be of help.

NARF appreciates the hard work this Subcommittee has performed on behalf of disabled persons and looks forward to working with the Subcommittee and staff.

ADULT LEARNING SYSTEMS, INC.
991 Williamsbury Court No. 101, Pontiac, MI 48054
(313) 681-7545

Testimony to the Subcommittee
on the Handicapped of the
Senate Committee on Labor and
Human Resources

March 23, 1983

Testifiers:

Alice R. Roelofs,
Executive Director

and

Jan L. Black,
President

Adult Learning Systems, Inc.
991 Williamsbury # 101
Pontiac, Michigan 48054

This deposition is submitted by Alice R. Roelofs and Jan L. Black. Currently, we administer a private non-profit corporation in the state of Michigan offering comprehensive services to disadvantaged adults. Previously, we founded and developed a program of national significance--the College For Living. Sited in 1978 in the annual report of the President's Committee on Mental Retardation as a "service program that works", the College For Living offers continuing education courses for adults labled developmentally disabled.

The need for regional education programs in "institutions of higher education, including junior and community colleges, vocational, and technical institutions, and other non-profit educational agencies for the development and operation of specially designed or modified programs of vocational, technical, postsecondary, or adult education for deaf or other handicapped persons (Sec. 625 (a))" is appropriate, legal, and a priority in educational realms. The need for appropriate services in the educational arena is apparent. The thrust toward community placement in the residential realm and the mainstreaming philosophy of elementary and secondary schools posits the challenge to postsecondary educators: How do you meet the needs of adults labled disabled in an age appropriate, normal environment?

Philosophically, Adult Learning Systems, Inc. promotes the position that every adult has the right to an education to be a participating member of his or her community. We try to move these rights into the reality of daily living.

As persons labled disabled begin to enter the mainstream of society, gaps in services become clear. Public school mandates provide for educational opportunities for public school age students. Community Placement trends have developed a variety of residential opportunities for both children and adults.

Workshops and work site programs have been developed to enhance vocational possibilities for adults. But as persons who are mentally retarded approach their public school age limits, they look forward to bleak educational opportunities.

What are the current educational offerings?

- * Most of the educational programs on a post secondary level are currently held in inappropriate, non-normalizing environments which promote dependence and some maladaptive behaviors from being grouped homogeneously. Work Activities Centers and ARC's often hold classes in isolated settings (church basements, elementary schools and sheltered workshops are some examples.)
- * Often, content of courses offered within those settings are not age appropriate. Adults are labeled and treated like adolescents or children or the curriculum is irrelevant to adult daily living.
- * Programs modeled after the College For Living are located at 30 community colleges and universities around the nation. They provide classes for over 3,300 adults with disabilities. College For Living obtained funding from HEW/BEH to expand the original program at Metropolitan State College, Denver, Colorado.
- * Alice Roelofs developed over 20 curriculum guides that are used throughout the United States and in several other countries.
- * Other continuing education programs are blossoming around the nation as agencies cooperate to use a college campus or community education site for more segments of the community. In Michigan, Macomb County Community College and Schoolcraft Community College have opened their doors.

* Using the College For Living model, volunteer student interns are being trained to offer services to adults with disabilities (30 students each term at Metropolitan State College in Denver, Colorado.

What are the needs for further development in the education domain?

* Intense programs with entry and exit criteria are needed at a post-secondary level. The normal adult education arena is the best vehicle for offering such services. Inter-departmental cooperation would lend itself to comprehensive service delivery to special populations. Currently, Michigan is developing programs to meet those needs. Eastern Michigan University and Washtenaw Community College are seeking funds for comprehensive programs they have developed.
* The numbers of persons that could benefit from post-secondary educational programming are vast. In Denver 2,000 adults were identified in Community Mental Health and Department of Mental Health programs. In Washtenaw County 950 possible students were identified.
* A need for standardizing criteria to move toward independence/ interdependence is clear. Current residential settings vary services from no choices and total dependency to experiential problem-solving to total unconcern for educational needs.

As approaching post-secondary education as a right of all citizens, the community college and four year colleges seem the most logical institutions to house intensive educational and training programs. The College For Living programs opened the doors of the higher education program. Now the time is at hand to propose a natural and needed full-time program that colleges and universities could promote.

Why is the need for education so crucial and why at a college as as opposed to a sheltered workshop or residential setting?

* Adults who are labeled mentally retarded are often times just beginning massive growth spurts in the cognitive and affective domains.
* Colleges and universities are natural extensions of the educational systems and they are age appropriate.
* Colleges and universities are the shaping ground of future professionals who will guide the course of developmentally disabled people.
* Colleges and universities have facilities that would be invaluable for training and education.
* A broader spectrum to the present day programs are needed to promote growth and independence.

We look forward to an exciting educational future for all adults within the community including those with disabilities. We know that our federal, state and local communities will rise to the challenge.

Thanks for your interest in this crucial issue.

goodwill
GOODWILL
INDUSTRIES
OF SOUTH CENTRAL
WISCONSIN, INC.
BUILDING
GOODWILL
IN OUR
COMMUNITY
REHABILITATION AND TRAINING FOR THE HANDICAPPED
GOODWILL INDUSTRIES BUILDING PROGRAM
2422 PENNSYLVANIA AVENUE • MADISON, WISCONSIN 53704 • 608-241-3831

1983 MAR 29 AM

March 25, 1983

Senator Lowell Weicker, Chairman
Subcommittee on the Hnadicapped
SH 113
Washington, D.C. 20510

Dear Senator Weicker:

We are concerned about the possible reauthorization of the Rehabilitation Act and Amendments, Public Law 95-602. We understand that your subcommittee is soliciting testimony for the Record regarding authorized programs. The Goodwill Recreation Resource Center (RRC) is a current recipient of Section 316 projects, and therefore, we would like the opportunity to justify the need and demand for recreation programs for people with disabilities in our community. Hopefully the following information will help your efforts in sustaining necessary federal dollars for recreation programs serving the needs of our handicapped citizens:

(1) PURPOSE OF THE PROJECT: The Goodwill Recreation Resource Center (RRC) is a community-based recreation/leisure service agency for disabled adults in Dane County, Wisconsin. The purpose of the project is to educate RRC members in the positive use of their free time. The goal for all members is community integration in terms of their independent recreational pursuits. The means to acheive this goal is an educational approach in a contextual and experiential setting for the development of recreative life-skills.

Through the leisure education process and guided recreational experiences, our members learn skills and behaviors which directly affect other facets of their life. It is the contention of this project that when members gain self-confidence and skills necessary to independently pursue their leisure-time interests, there will be a carry-over value in their community-living environment as well as vocational training/job performance.

(2) TYPES OF ACTIVITIES: The following is a list and detailed description of this project's services:

(a) Leisure Needs Assessment/Avocational Counselling--This is a recent concept which has been developed to explore with individuals how they would like to use their leisure time in a meaningful and enjoyable manner. It provides the unique aspect of one-to-one contact with staff who assist in the exploration of leisure time interests. Once an assessment has been completed, the staff member will provide information and support in identifying and utilizing the desired program element and/or community resource(s).

(b) Monthly Calendar--Each month a calendar of activities is scheduled Tuesdays through the weekend and is mailed to each RRC member. These activities are planned with the help of RRC members. The various elements of recreation programming are incorporated into this calendar; i.e., aquatics, cultural, outdoor, special events, social, special interests/hobbies, and sports, to insure that the varied needs and interests of RRC members are met. The purpose of these activities is to offer to members, who are not yet ready for self-initiated involvement, an opportunity to experience community recreational pursuits in a supportive group.

(c) Community Awareness Groups--These groups consist of 6-10 people and focus on familiarizing individuals with available community resources which relate to the recreational experience.

(d) Special Interest Groups--These groups are formulated around a specific recreation interest common to several people and for which no appropriate group/organization is currently available in the community. Some groups are developed on a transitional basis prior to integration into community organizations.

(e) Drop-in--During specified office hours, members are welcome to come into the Center to talk with staff, to obtain current recreation information from the bulletin board, to offer suggestions for future activities, to seek support for current steps toward independence, or to visit with each other.

(f) Vacation Planning--This service provides the opportunity for individuals to plan their vacations. Special attention includes budgeting, means of transportation, housing, personal needs, type of experience desired, as well as information on accessible facilities.

(g) Volunteerism--For people who have a specific interest for enhancing their quality of leisure through volunteer experience, the RRC has resources for referring members to agencies specializing in volunteer placement positions which correspond to individual interests and abilities.

(h) Follow-Along/Follow-Up--The RRC staff schedules periodic sessions with individual participants to review each person's objectives and to determine the need for further services. For those persons who are "graduates" of the program, a schedule is set-up for several sessions over the year to offer support, encouragement, and any advice to aid in stabilizing the individual's attempts at mainstreaming.

(i) Leisure Time Reference Service--This is a collection and dissemination of information on leisure time activities in the Dane County area. This information is available to individuals, families, and professionals seeking specific resources and activities relating to a handicapped person's recreational needs and interests.

(j) Recreation Consultation--This service provides professional expertise in developing, implementing, and evaluating effective recreation programs to groups or agencies wishing to establish similar community-based programs.

(3) TARGET POPULATION: The criteria for receiving RRC services are any adult, 18 years or older, residing in Dane County, Wisconsin, who:

-is considered eligible for services under the State of Wisconsin Division of Vocational Rehabilitation Services, and
-has a primary diagnosis of a developmental disability, sensory impairment, severely physically handicapped, or mental illness, and
-is in some phase of transition from a dependent to an independent life-style.

There is a wide range in types and severity of RRC members' disabling conditions regarding their communication skills/language development, socialization skills, physical abilities/limitations, degree of mental illness, level of mental retardation, mobility, and adaptive behavioral deficits, to mention a few.

(4) VOCATIONAL REHABILITATION CLIENTS: After the expansion of services became effective in October 1982 RRC staff established a communications network with area DVR counselors to:

--Accept referrals of clients eligible to receive RRC services;
--Through a team effort to assist DVR counselors in their clients' rehabilitation plans;
--Assist clients in maintaining employment after closure;
--Of our current caseload of 164, over 50% are currently receiving DVR services or have received services in the past. Of this same number, 15% of the RRC membership are from direct DVR referrals with a potential caseload of over 200 clients who could benefit from RRC services.

(5) PROJECT RELATIONSHIP WITH THE AIMS OF VOCATIONAL REHABILITATION: The RRC was awarded this current grant due in part to the fact that this project's goals are in compliance with the Division of Vocational Rehabilitation's mission statement:

> "In furtherance of the Department's mission, the Division of Vocational Rehabilitation is to find, evaluate, and provide services to disabled persons through a planned and individualized program to help them secure and maintain employment at a level consistent with their physical and mental capabilities; and to increase the ability of severely disabled persons to live and function independently in the community and do so in cooperation with other human service agencies."

(6) PROJECT CONTRIBUTIONS TO SOCIALIZATION, MOBILITY, AND/OR INDEPENDENT LIVING:

The Recreation Resource Center is based on the therapeutic model of a rehabilitation team (e.g., vocational counselors, independent living agencies, area workshops, case managers, allied health professions, recreation therapists, etc.) to impact on an individual's successful and total rehabilitation plan. Through this holistic approach to serving the needs of handicapped citizens, a structured recreation program can make an equal contribution to effect changes in attitudes and behaviors of the handicapped adult.

The RRC staff consistantly encourages self-initiation, self-assertiveness, independent decision-making, and appropriate social behaviors when demonstrated by the participant. Because of our program services and innovative features members learn where to go for recreational pursuits, how to get there using the public transportation system, how to plan and make decisions. The staff consistently models appropriate social behaviors, encourages member interaction with other RRC members specifically and the public in general, suggests appropriate conversational topics, teaches meal planning and preparation, helps to budget money, and advocates the development of skills for life-long leisure endeavors which will complement vocational pursuits.

(7) IMPACT:

--One of the project's goals was to serve a total of 150 individuals. As of last month we have served 164 disabled individuals with a current waiting list of 25.

--We have successfully met our goal of offering services by expanding the criteria of disability groups. (Until the grant was awarded, RRC served only those adults with a primary diagnosis of developmentally disabled.) Now we, in addition, have been serving the mentally ill, sensory impaired, and physically handicapped. The project goal was to serve the above disabilities with the following percentage breakdown: Developmental disabilities--40%; mentally ill--35%; physically disabled--15%; sensory impaired--10%. To date, we are roughly complying to these percentages.

--Another goal is to target 8 community recreation facilities to provide barrier-free environments. We have successfully convinced 2 facilities thus far to take steps to remove architectural barriers.

--Anecdotal data: There are 164 success stories for each of the RRC members as to the impact this project has had on them. Here are a few we would like to share:

*One man with cerebral palsy has made personal public attestments on several occasions, speaking on behalf of the RRC, that due to his successful recreational experiences and staff support he had the confidence to apply for a position at one of the local banks. He has since been promoted on his job and is a "graduate" of the RRC.

*A woman with a mental illness diagnosis came to the RRC for leisure counselling services. She was concerned that she would lose her job because she had no friends and was stuck in a leisure pattern of too much television and brooding on her problems. After a few sessions and some referrals to community-based recreation groups, she is content with her job performance and feels more secure dealing with major changes in her job responsibilities.

*Using the therapeutic recreation approach of "progressive programming" approximately 20 RRC members have developed sufficient skills to compete in mainstreamed city-league softball and volleyball teams.

*Due to collaborative efforts between the RRC and the Madison School-Community Recreation Department we have placed 10 members in an on-going community ceramics class.

In summary, we believe the cost of recreation programming is extremely cost-efficient. Our own project's cost is $60,000 and we will be serving close to 200 individuals before the end of the grant period. The total amount appropriated for recreational programs is so miniscule in comparison to the Federal Budget, yet the withdrawal of these funds will have a major and predictably negative impact on disabled citizens who currently depend on special recreation programs. We are aware that one cannot count the success of recreation programs in case closures and job placements. However, the positive impact on the rehabilitation process seems to us to be clear and viable.

We do not envy the arduous task you and your committee must face in the next few weeks. We would like to thank you not only for this opportunity to share our concerns, but also for all the time and energy you will have invested on behalf of our country's recreation programs!

Sincerely,

Sandra G. Hall
Project Director

Kristina T. Madison
Program Coordinator

Statement of

THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Regarding Reauthorization of

The Rehabilitation Act of 1973, as amended

Submitted to

SENATE COMMITTEE ON LABOR and HUMAN RESOURCES
SUBCOMMITTEE on the HANDICAPPED

Roger P. Kingsley, Ph.D.
Director, Congressional Relations Division
Governmental Affairs Department

March 26, 1983

The American Speech-Language-Hearing Association (ASHA) welcomes the opportunity to present its views and recommendations concerning rehabilitation programs serving citizens with handicapping conditions. Physically and mentally handicapped persons comprise a substantial portion of the nation's population - around 35 million people. Among the most prevalent handicapping conditions are speech, language, and hearing impairments. Because the ability to communicate effectively is so fundamental to other life activities - learning, interpersonal relationships, and vocational pursuits - any loss or limitation of this ability can be detrimental to individual human development and performance.

ASHA is the professional and scientific society representing over 37,000 speech-language pathologists and audiologists nationwide, including many who provide rehabilitation services to handicapped adults. Our members work in hospitals, speech and hearing clinics, outpatient rehabilitation centers, skilled nursing facilities, home health agencies, Head Start programs, Veterans Administration and Department of Defense hospitals, public and private schools, and independent practice.

The Rehabilitation Act is widely judged to be one of the most significant and successful statutes relating to human services and human rights. Broad in scope, this one Act provides America's handicapped citizens with the promise of fulfilling their life's potential through basic rehabilitation services, assistance from quality trained professionals, opportunities for independent living, and guarantees of basic rights. We support each of these sections of the Act: the Vocational Rehabilitation State Grant Program, Rehabilitation

Training, Comprehensive Services for Independent Living, Projects With Industry, the National Institute for Handicapped Research, the National Council on the Handicapped, and Title V, particularly a strongly enforced Section 504 prohibiting discrimination against qualified handicapped persons in all programs and activities receiving federal financial assistance.

This statement will briefly examine several of these sections and will provide ASHA's recommendations for authorization levels for each of the major programs in the Rehabilitation Act of 1973 (P.L. 93-112), as amended by the Rehabilitation, Comprehensive Services, and Developmental Disabilities Act of 1978 (P.L. 95-602). Then we will focus in more depth on two areas which we believe have weakened the effectiveness of the Act's implementation and are in need of congressional review and legislative reform: the "balanced" program of Rehabilitation Training assistance and the Office of Deafness and Communicative Disorders.

Basic Rehabilitation State Grants (Section 110)

The Vocational Rehabilitation State Grant program has been a model of working federalism - an effective federal state partnership - for sixty-two years. Since 1921, the program has served about 23 million persons and has rehabilitated more than six million of them. The cost-effectiveness of the program is very high (a ratio of better than 1 to 10) and it is estimated that the benefit to governments at all levels is about $280 million, including income and payroll taxes and funding saved as a result of decreased dependency on public welfare and institutional care.[1]

About one million handicapped individuals are served annually, although the number has been declining for the past six years since funding has not kept pace with inflation and because a larger proportion of severely (and hard to rehabilitate) persons are being served. The number of persons successfully rehabilitated and the number of new cases have also been declining.

This year we have an opportunity to reverse these trends and to enable more handicapped citizens to benefit from vocational rehabilitation services. This Association recommends that Congress raise the authorization levels for Basic State Grants to $1,037.8 million for FY 1984; $1,141.1 million for FY 1985; and $1,254.6 million for FY 1986.

Rehabilitation Training (Section 304)

The Rehabilitation Training program was established by Congress in 1954 to provide for the preparation and maintenance of a qualified rehabilitation work force. The program was expanded in 1973 to meet the demand for more specialized personnel qualified to work with persons suffering from a variety of disabling conditions and to improve the skills of those already engaged in rehabilitation of the handicapped. The program supports training in the broad range of established rehabilitation fields identified in the Rehabilitation Act including speech-language pathology, audiology, physical therapy, occupational therapy, rehabilitation counseling, and interpreters for the deaf.

Despite the need for greater numbers of rehabilitation professionals to serve the handicapped and despite serious shortages of adequately trained professionals in many fields, federal support for this program has been declining since fiscal year 1980. We recommend that the authorization level for Rehabilitation Training be set at $30.5 million for fiscal years 1984 through 1986.

We also favor amending Section 304 to clarify the responsibility of RSA in allocating training funds. The term "balanced" program has no clear meaning and should either be defined or eliminated. Either way, Congress should require the Commissioner to submit to Congress, along with the RSA budget proposal, a detailed explanation of how funds will be allocated among the rehabilitation disciplines and how these allocations are related to legitimate findings of personnel shortages.

National Institute of Handicapped Research

The National Institute of Handicapped Rsearch was established by the 1978 rehabilitation amendments (P.L. 95-602) "to promote and coordinate research with respect to handicapped individuals..." (Sec. 202(a)).

According to the NIHR, research funds in fiscal 1982 were provided to centers conducting long-term studies and utilizing teams of medical, allied health and technical health professionals. Core areas of research have included comprehensive rehabilitation, vocational rehabilitation, aging, mental illness, deafness and hearing impairment, sensory and communicative systems, and blindness. The Institute has provided support for important work in the development of communication aids, and through its grants has recognized the importance of research into the special problems of the elderly disabled population.

Innovative research is essential to the overall effectiveness of the rehabilitation program. Yet, funding for NIHR has lagged for several years. We recommend that authorization levels be established at $35 million for FY 1984 and $40 million for fiscal years 1985 and 1986.

National Council on the Handicapped

The Rehabilitation Act Amendments of 1978 established a National Council on the Handicapped. The Council is responsible for establishing general policies for NIHR and for advising the Commissioner of RSA and the Assistant Secretary for Special Education and Rehabilitative Services (OSERS) with respect to policies relating to the Rehabilitation Act of 1973, as amended. Membership on the Council has included handicapped individuals, community leaders, and experts in the disability field.

Recently, the work of the Council has been hampered by insufficient resources and staff. We believe that the Council has an important leadership and coordinating role in rehabilitation of the handicapped policies and should be continued and strengthened. We recommend that the authorization ceiling of $256,000 be retained for fiscal years 1984-1986.

Rehabilitation Training: Unbalanced

Legislative Requirements

As in any professional service area, vocational rehabilitation services are only as good as the personnel who provide them. Personnel who specialize in the rehabilitation of handicapped individuals must receive quality training and must be trained in numbers adequate to ensure accessibility for persons in regions throughout the country and with a variety of disabling conditions. Congress has recognized these needs by making rehabilitation training an integral part of the overall federal-state vocational rehabilitation program. Authorization is provided for states and public or nonprofit agencies and organizations, including institutions of higher education, to fund projects to increase the number of personnel trained in providing vocational and social rehabilitation services to handicapped individuals. Section 304(b) of the Rehabilitation Act of 1973, as amended, states that

> In making such grants or contracts, funds made available for any year will be utilized to provide a *balanced* program of assistance to meet the medical, vocational, and other personnel training needs of both public and private rehabilitation programs and institutions, to include projects in rehabilitation medicine, rehabilitation nursing, rehabilitation counseling, rehabilitation social work, rehabilitation psychiatry, rehabilitation psychology, physical therapy, occupational therapy, *speech pathology and audiology*, workshop and facility administration, prosthetics and orthotics, specialized personnel in providing services to blind and deaf individuals, specialized personnel in providing job development and job placement services for handicapped individuals, recreation for ill and handicapped individuals, and other fields contributing to the rehabilitation of handicapped individuals, including homebound and institutionalized individuals and handicapped individuals with limited English-speaking ability. (emphasis added)

Despite the congressional mandate for a "balanced" program, the Rehabilitation Services Administration has consistently reduced the number of trainng projects in speech-language pathology and audiology (see Appendix A). As recently as FY 1979, 50 projects were funded with expenditures of $1,351,000. Three years later, in FY 1982, only 17 projects were funded with $405,359. This represents a 70 percent decline which is explained only in part by the overall reduction in Rehabilitation Training funds (37 percent). Similar reductions in training support are evident in other disciplines, such as physical and occupational therapy. (see Appendix B).

The statute does not explicitly define "balanced program," thus leaving considerable discretion to RSA. Training priorities are often established more on the basis of political and budgetary factors than the actual need for different kinds of rehabilitation services. Several years ago, a report concerning the impact of rehabilitation training support on the service delivery system found that "RSA does not use data on the characteristics of existing rehabilitation personnel for planning purposes."[2] The report concluded that "there has been no way to systematically estimate the demand for rehabilitation personnel in many of the established disciplines other than by contacting professional organizations." However, in recent years, RSA has shown no interest in receiving or utilizing information on training needs from this professional association.

Funding for Rehabilitation Training this year is at the same level as in FY 1982 - $19.2 million. Despite this, we have recently learned from RSA officials that no new training grants will be awarded to speech-language pathology and audiology programs this year. What was supposed to be a "balanced" program of assistance for rehabilitation training has obviously become seriously unbalanced.

Rehabilitation Service Needs: the Communicatively Handicapped

In its most recent Annual Report to the President and Congress, the Rehabilitation Services Administration states that training grants are authorized by the Rehabilitation Act of 1973, as amended, to ensure that skilled personnel "are available to provide the broad scope of vocational rehabilitation services needed by severely handicapped individuals served by vocational rehabilitation agencies and rehabilitation facilities."[4] There are several points to be made about this statement. The first is that, although the Rehabilitation, Comprehensive Services, and Developmental Disabilities Act of 1978 (P.L. 95-602) placed greater emphasis on the rehabilitation of severely handicapped adults, it did not eliminate the less-severely handicapped from inclusion in the program.

> The purpose of this Act is to develop and implement, through research, training, services, and the guarantee of equal opportunity, comprehensive and coordinated programs of vocational rehabilitation and independent living. (Section 2 of the Rehabilitation Act of 1973, as amended)

And, the purpose of Title III - Supplementary Services and Facilities - includes the authorizing of grants and contracts

> to assist in the provision of vocational training services to handicapped individuals. (Section 200(2))

As defined in the Act, the term "handicapped individual" means any individual who

> (i) has a physical or mental disability which for such indiviudal constitutes or results in a substantial handicap to employment and (ii) can reasonably be expected to benefit in terms of employability from vocational rehabilitation services...(Section 7(7)(A) of the Rehabilitation Act of 1973, as amended)

This Association believes that it would be bad policy and a misinterpretation of congressional intent to target rehabilitation services exclusively to the severely handicapped. Yet, in recent testimony before this Subcommittee, a Department of Education official stated that the Administration's Rehabilitation Act revisions are designed to direct resources away from individuals who are "marginally handicapped."

This leads to a second point: although all handicapped individuals are potentially eligible to receive rehabilitation services, an important criterion is the capacity to benefit from such services. In this context, it it is important to note that persons with moderate and severe communication disorders can often be rehabilitated to a degree that enables them to function effectively in day-to-day activities. The ability to communicate is a necessary skill in almost all walks of life. The importance of adequate communication ability in interpersonal relationship, educational and vocational pursuits is undeniable. Based on current population estimates, approximately 22.6 million Americans suffer from speech, language, and hearing impairments, making communication disorders the nation's most prevalent category of handicapping conditions.[5] It has been estimated that among adults ages 18 to 79, seven to eight percent suffer from some degree of hearing loss. The annual deficit in earning power among the hearing handicapped is estimated at over one and one-quarter billion dollars.[6]

Due to non-identification and underreporting of speech and language impairments in the U.S. population, prevalence of these disorders is uncertain. However, it is generally assumed that at least 10 million individuals, including children and adults, suffer from speech and language impairments.

As a result of congenital impairments, accidents, and severe illness, the number of persons with speech, language and hearing disorders is constantly growing. As the communicatively handicapped population increases, so does the demand for well-trained speech-language pathologists and audiologists to serve in rehabilitation settings.

Most speech and language disorders can be corrected when appropriate diagnoses and treatments are available and are provided. Although hearing loss is usually irreversible, many hard-of-hearing (as opposed to deaf) individuals can also be helped through professional rehabilitation and the use of hearing aids. Because the ability to communicate effectively is so important in the work environment and because communicative disorders have such a high potential for successful rehabilitation, programs designed and funded to serve this population are very cost-effective.

RSA reports that in fiscal year 1981, 255,881 individuals were rehabilitated through the federal-state program. Yet, despite the significant potential for rehabilitation, relatively few persons with speech, language and hearing impairments have been served. Only 20,300 of the individuals rehabilitated in 1981 had communication disorders, including 7,700 deaf, 10,800 hard-of-hearing, and 1,800 with speech and language impairments.[8] Over one and one-half million Americans are prevented from working as a result of communication disorders, and among the estimated 16.5 million people with a partial work disability are one million who suffer from speech, language and hearing impairments.[9]

A final point here is that communication impairments are often related to severe handicapping conditions like Parkinsonism, cerebral palsy, and multiple sclerosis. Individual rehabilitation programs for persons with these neurological conditions frequently include the services of speech, language and hearing professionals. About one in five stroke patients have communication problems and need specialized rehabilitation in order to regain the use of their speech and language mechanisms.

Training Needs: Speech-Language Pathology and Audiology

In a 1979 report prepared by the HEW-HRA Bureau of Health Manpower for the Senate Committee on Labor and Human Resources and the House Committee on Interstate and Foreign Commerce (now Energy and Commerce), serious shortages were found in the availability of speech-language pathologists and audiologists. (See Appendixes C and D). Using conservative estimates of prevalence of communication disorders and data from a National Institutes of Health study, the Bureau concluded that "at least three or four times more speech pathologists are needed and approximately four times as many audiologists are needed to provide required services...it appears that the supply of speech pathologists and audiologists is not adequate to meet either current or future demands and needs."[10]

Although the extent and location of these shortages is not known, there is clearly no contrary evidence that warrants RSA's dissolving of future training funds in the field of speech-langauge pathology and audiology. Quite the opposite - the large and ever-increasing population of persons with primary and secondary communication disorders requires the on-going training of professionals who will be available to meet their rehabilitation needs. A "balanced" program of assistance would certainly seem to imply this, and we ask this Committee to reemphasize the importance of an adequate supply of quality trained professionals in the various rehabilitation disciplines and to require that RSA base its allocation of training funds on actual need.

The Deafness and Communicative Disorders Program

Finally, ASHA wishes to bring to the attention of this Subcommittee a little noticed but highly significant report concerning the federal role in the rehabilitation of adults with communication handicaps.

The Rehabilitation Services Administration is the federal agency responsible for providing leadership and coordination of rehabilitation programs for adult Americans. As such, RSA is responsible for planning, developing, implementing and evaluating rehabilitation programs for communicatively handicapped persons. The Deafness and Communicative Disorders Office (DCDO) is the unit within RSA charged with these tasks. However, this office has historically lacked the authority and the resources necessary to provide adequate representation of the rehabilitation needs of over 20 million Americans with speech, language and hearing disorders.

There are several problems related to the weak record of DCDO. Unlike administrative strutures for the blind and visually impaired and the developmentally disabled population, the program for the deaf and communicatively impaired has no legal base. The former programs are situated in the Office of Program Operations while DCDO is located in the Office of Advocacy and coordination. DCDO exists only by administrative authority and receives no direct appropriations. As the Task Force Report on the Deafness and Communicative Disorders Program states, "Of all the programs dedicated to persons with specific disabilities, the program for the communicatively impaired is the most susceptible to the precariously changing currents in the American political stream. It already gets too little funding when economic and political conditions are good, but it gets even less when times are bad."[11]

Another problem is that DCDO has focused most of its meager resources on a small minority of the overall population that it is supposed to serve. Of the more than 16 million hearing impaired people in the United States, only about 2 million are totally deaf.[12] The vast majority are hard-of-hearing, speech and/or language impaired. Deafness is certainly one of the most serious handicapping conditions, and we support continuing federal and state efforts to assist in the special education and vocational rehabilitation of this group. However, while many deaf persons have been underserved, most speech, language and hard-of-hearing persons have been unserved. As an illustration of this imbalance, DCDO personnel have spent only about 13 percent of their time on activities directed at the needs of the non-deaf communicatively impaired population.[13]

These problems must eventually be addressed through Congressional action. The DCDO should be given statutory authority and placed in the RSA Office of Program Operations. In the meantime, however, there is much that could be done administratively to improve the effectiveness of this program and to better address the rehabilitation needs of communicatively impaired

Americans. The Commissioner of RSA has the authority to provide a larger measure of resources for the program. We would also hope that the Commissioner would support the effort to secure a legal base for the DCDO. The Task Force Report sets forth a detailed plan for establishing a comprehensive and effective program to provide better leadership and services for the rehabilitative needs of citizens with communication disorders. To our knowledge, no steps have been taken to implement this plan since the Report was presented to RSA over three years ago. We believe that it is time for the Administration to start taking this Report seriously. We have provided a copy of this Report to the Subcommittee staff and hope that the Congress will work toward implementing its objectives over the next several years.

1. Rehabilitation Services Administration,, Office of Special Education and Rehabilitative Services, Annual Report to the President and the Congress on Federal Activities Related to the Administration of the Rehabilitation Act of 1973 as amended (Fiscal Year 1981), i-ii.

2. JWK International Corporation, "An Assessment of the Impact of Rehabilitation Training Grant Support in Selected Areas of Academic and Non-Academic Training on Improving the Effectiveness of the Vocational Rehabilitation Service Delivery System." Final Report submitted to RSA/OSERS (December 1980), II-5.

3. JWK International Corporation, "An Assessment...," II-7.

4. Rehabilitation Services Administration, Fiscal Year 1981 Annual Report, p. 38.

5. National Institute of Neurological and Communicative Disorders and Stroke, Report of the Panel on Communicative Disorders to the National Advisory Neurological and Communicative Disorders and Stroke Council. U.S. Department of Health and Human Services (June 1979).

6. National Institute of Neurological Diseases and Stroke, Human Communication and Its Disorders: An Overview. U.S. Department of Health, Education and Welfare (1970).

7. National Center for Health Statistics, unpublished data from the 1977 Health Interview Survey.

8. Rehabilitation Services Administration, Fiscal Year 1981 Annual Report, p. 5.

9. National Center for Health Statistics, Health Interview Survey (1977).

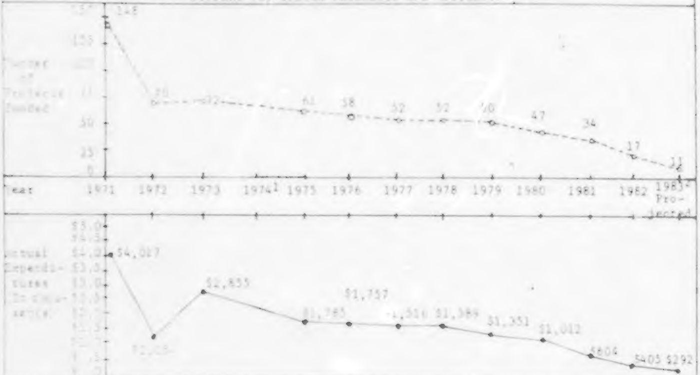
10. Bureau of Health Manpower, Health Resources Administration, A Report on Allied Health Personnel (November 1979), p. XIV-5.

11. The Deafness and Communicative Disorders Program: Recommendations for the Future, A Task Force Report Prepared for the Commissioner of Rehabilitation Services (December 1979), p. 4.

12. National Center for Health Statistics, Health Interview Survey (1977).

13. DCDO Task Force Report, Appendix.

VOCATIONAL REHABILITATION SERVICES ADMINISTRATION TRAINING GRANT PROGRAM
SUPPORT FOR SPEECH PATHOLOGY AND AUDIOLOGY



¹Information unavailable
²Funding for 11 continuing SP/A Projects Proposed. No Funding for new SP/A projects proposed.

Appendix A

American Speech-Language-Hearing Association
Governmental Affairs Department
3/83

REHABILITATION TRAINING EXPENDITURES: PROGRAM/FISCAL DATA
FY 1979 - FY 1982

Category	Actual Expenditures						FY 1982 - Projected			FY 1982 - Actual				
	FY 1979 (Thousand)	# of Projects	FY 1980 (Thousand)	# of Projects	FY 1981 (Thousand)	# of Projects	Continuation	New	Total	Continuation	New	Total	# of Projects	Estimated # of Trainees
TRAINING IN ESTABLISHED REHABILITATION DISCIPLINES														
Rehabilitation Counseling	$ 5,062	80	$ 4,612	80	$ 4,435	76	$1,719,000	$ 781,000	$ 2,500,000	$1,738,124	$ 761,876	$ 2,500,000	44	450
Rehabilitation Medicine	3,806	56	2,906	51	1,721	45	1,943,000	457,000	2,400,000	1,935,571	457,005	2,392,576	35	160
Rehabilitation Facility Administration	1,620	13	1,514	13	1,470	12	742,000	458,000	1,200,000	741,580	458,420	1,200,000	11	500
Prosthetics and Orthotics	1,048	7	1,322	7	320	5	149,000	1,151,000	1,300,000	148,987	1,151,000	1,299,987	7	180
Allied Health Professions	2,968	112	2,048	104	1,551	75	531,000	469,000	1,000,000	529,946	472,843	1,002,789	34	212
Speech Pathology and Audiology	1,351	50	1,012	47	606	34	230,000	100,000	330,000	230,358	175,001	405,359	17	70
Occupational Therapy	509	20	280	19	375	18	73,000	69,000	142,000	72,404	74,774	147,178	5	30
Physical Therapy	605	26	401	21	296	14	66,000	75,000	141,000	65,464	82,440	147,904	6	42
Nursing	88	1	71	1	66	1	51,000	75,000	126,000	50,932	--	50,932	1	10
Social Work	205	3	132	3	60	2	68,000	--	68,000	68,000	---	68,000	1	10
Psychology	40	4	46	4	70	3	—	100,000	100,000	--	87,569	87,569	2	25
Therapeutic Recreation	150	8	98	7	80	3	43,000	50,000	93,000	42,788	53,059	95,847	2	25
Job Development and Placement	197	2	197	2	144	2	--	1,000,000	1,000,000	--	1,000,000	1,000,000	5	350
Vocational Evaluation	902	10	664	10	547	10	288,000	512,000	800,000	275,344	512,020	787,364	11	220
Experimental and Innovative	1,622	18	1,317	18	1,291	15	740,000	--	740,000	739,301	--	739,301	8	90
Deaf	868	9	855	9	800	10	347,000	353,000	700,000	303,856	333,697	637,553	10	90
Blind	1,026	10	687	9	656	8	224,000	276,000	500,000	249,572	275,990	525,562	7	80
Mentally Ill	189	1	179	3	179	3	87,000	113,000	200,000	86,720	113,000	199,720	2	40
Undergraduate Education	878	28	554	28	554	27	155,000	145,000	300,000	155,080	214,281	369,361	24	-
Other	1,206	9	720	9	835	8	568,000	232,000	800,000	525,533	289,443	814,976	7	160
Sub-Total	$22,262	357	$17,065	343	$14,375	296	$7,493,000	$5,967,000	$13,460,000	$7,429,614	$6,039,575	$13,469,189	205	2,532
Interpreters for the Deaf	--	—	900	10	900	10	--	900,000	900,000	--	900,000	900,000	10	
STATE DEVELOPMENT & TRAINING FOR EMPLOYED REHABILITATION WORKERS														
Rehabilitation Continuing Education Programs	3,172	15	3,017	15	2,944	15	-	2,000,000	2,000,000	--	2,000,000	2,000,000	17	1,750
State In-Service Training	2,792	78	3,151	78	3,377	74	--	2,800,000	2,800,000	--	2,800,000	2,800,000	74	-
Short-Term Training	1,846	54	557	8	—	-	--	60,000	60,000	--	30,811	30,811	-	-
Research Fellowships	97	1	30	2	--	-	--	--	--	--	--	--	-	-
Sub-Total	$ 7,907	511	6,755	456	6,321	395	$7,493,000	$11,707,000	$19,200,000	$7,429,614	$11,770,306	$19,200,000	301	4,202
GRAND TOTAL	$30,169	511	$25,500	456	$21,596	392	$7,493,000	$11,707,000	$19,200,000	$7,429,614	$11,770,306	$19,200,000	301	4,202

Appendix B

Table 3. Clinical Manpower Needs for Audiologists Compared to Manpower Resources, 1973-1985

Forecast for the period	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Audiological service needs:													
Screening (infants)	733	739	746	752	758	765	771	777	783	790	796	802	809
Screening (3-18)	777	776	775	774	773	772	771	769	768	767	766	765	764
Habilitation (3-18)	4998	4990	4983	4976	4968	4961	4954	4946	4939	4932	4924	4917	4910
Hab. severely impaired (3-18)	5831	5822	5813	5805	5796	5788	5779	5771	5762	5754	5745	5736	5728
Testing medical purposes	3047	3079	3112	3145	3177	3210	3243	3275	3308	3341	3373	3406	3439
Rehabilitation (adults)	3483	3537	3591	3645	3700	3754	3808	3862	3916	3971	4025	4079	4133
Testing in industry	96	96	96	96	96	96	96	96	96	96	96	96	96
Total need	18965	19039	19117	19193	19268	19346	19422	19496	19572	19651	19725	19801	19879
Audiology workforce resources:													
Continuing audiologists	2330	2563	2819	3094	3390	3706	4043	4401	4779	5178	5597	6038	6498
New audiologists													
B.S. graduates	68	73	77	82	86	91	95	100	104	108	113	117	122
M.S. graduates	345	373	401	429	457	485	513	541	569	597	625	653	681
Ph.D. graduates	7	7	8	8	9	9	10	10	11	11	12	12	13
Attrition	144	154	163	172	181	190	199	208	217	226	235	244	253
Inactive	41	45	48	51	55	58	61	65	68	71	74	78	81
Projected supply of audiologists	2563	2819	3094	3390	3706	4043	4401	4779	5178	5597	6038	6498	6980
Net need	16400	16220	16023	15803	15562	15303	15021	14717	14394	14054	13687	13303	12899

Source: Speech Pathology and Audiology: Manpower Resources and Needs. Washington, D.C.: Government Printing Office, 1977.

Appendix C

Table 4. Clinical Manpower Needs for Speech Pathologists Compared to Manpower Resources, 1973-1985

Forecast for the period	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Speech pathology service needs:													
Screening (3-18)	518	517	517	516	515	514	514	513	512	511	511	510	509
Habilitation (3-18)	62971	62879	62786	62693	62601	62508	62416	62323	62230	62138	62045	61952	61860
Habilitation and testing (adults)	3242	3292	3343	3393	3444	3494	3545	3595	3646	3696	3747	3797	3847
Hab. severely hearing impaired	5831	5822	5814	5805	5796	5788	5779	5771	5762	5754	5745	5736	5728
Total need	72562	72510	72460	72407	72356	72304	72254	72202	72150	72099	72048	71995	71944
Speech pathology workforce resources:													
Continuing speech pathologists	18377	20226	22223	24368	26662	29103	31692	34430	37316	40349	43530	46860	50338
New speech pathologists													
B.S. graduates	2214	2358	2501	2645	2788	2932	3075	3219	3362	3506	3649	3793	3936
M.S. graduates	1684	1821	1957	2094	2231	2368	2505	2642	2778	2915	3052	3189	3326
Ph.D. graduates	34	36	39	41	43	45	48	50	52	54	57	59	61
Attrition	1690	1797	1903	2009	2115	2222	2328	2434	2540	2647	2753	2859	2965
Inactive	391	421	449	477	506	534	562	591	619	647	675	704	732
Projected supply of speech pathologists	20226	22223	24368	26662	29103	31692	34430	37316	40349	43530	46860	50338	53964
Net need	52336	50287	48092	45745	43253	40612	37824	34886	31801	28569	25188	21657	17980

Source: Speech Pathology and Audiology: Manpower Resources and Needs. Washington, D.C.: Government Printing Office. 1977.

Appendix D

Table 4. Clinical Manpower Needs for Speech Pathologists Compared to Manpower Resources, 1973-1985

Forecast for the period	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Speech pathology service needs:													
Screening (3-18)	518	517	517	516	515	514	514	513	512	511	511	510	509
Habilitation (3-18)	62971	62879	62786	62693	62601	62508	62416	62323	62230	62138	62045	61952	61860
Habilitation and testing (adults)	3242	3292	3343	3393	3444	3494	3545	3595	3646	3696	3747	3797	3847
Hab. severely hearing impaired	5831	5822	5814	5805	5796	5788	5779	5771	5762	5754	5745	5736	5728
Total need	72562	72510	72460	72407	72356	72304	72254	72202	72150	72099	72048	71995	71944
Speech pathology work force resources:													
Continuing speech pathologists	18177	20226	22223	24368	26662	29103	31692	34430	37316	40149	43530	46860	50338
New speech pathologists:													
B.S. graduates	2214	2358	2501	2645	2788	2932	3075	3219	3362	3506	3649	3793	3936
M.S. graduates	1684	1821	1957	2094	2231	2368	2505	2642	2778	2915	3052	3189	3326
Ph.D. graduates	34	36	39	41	43	45	48	50	52	54	57	59	61
Attrition	1690	1797	1903	2009	2115	2222	2328	2434	2540	2647	2753	2859	2965
Inactive	393	421	449	477	506	534	562	591	619	647	675	704	732
Projected supply of speech pathologists	20226	22223	24368	26662	29103	31692	34430	37316	40149	43530	46860	50338	53964
Net need	52336	50287	48092	45745	43253	40612	37824	34886	31801	28569	25188	21657	17980

Source: Speech Pathology and Audiology: Manpower Resources and Needs. Washington, D.C.: Government Printing Office, 1977.

Appendix D

Statement of

THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Regarding Reauthorization of

The Education of the Handicapped Act
Parts C, D, and E

Submitted to

SENATE COMMITTEE ON LABOR and HUMAN RESOURCES
SUBCOMMITTEE on the HANDICAPPED

Stan Dublinske, Ed.D.
Director, State/Regulatory Policy Division
Governmental Affairs Department

March 29, 1983

The American Speech-Language-Hearing Association (ASHA), representing 37,000 speech-language pathologists and audiologists nationwide, is pleased to submit its recommendations concerning reauthorization of the discretionary programs funded under the Education of the Handicapped Act (EHA). ASHA recommends a one-year reauthorization of all programs funded under Parts C, D, and E of the Act. We are proposing only minor changes in the programs for this year, but recommend the Committee initiate a thorough review of all programs in preparation for reauthorization next year.

Since implementation of the Education of the Handicapped Act over a decade ago, we have seen tremendous growth in both the quantity and quality of education of the handicapped programs and services. Much of this improvement can be traced directly to the activities initiated and completed under the discretionary programs that are a part of the Education of the Handicapped Act.

Examples include the following:

- Demonstration projects for early childhood and severely handicapped. These projects provide information, materials and services to thousands of handicapped children, teachers, parents and program administrators. Without projects such as these, there would have been little incentive to provide needed services to the pre-school and severely handicapped population.

- As the need for quality special education was realized, there was an increased demand for qualified special educators. EHA funds available for personnel development ensured that there would be a supply of qualified personnel available to implement EHA programs. Unfortunately, the demand has always exceeded the supply.

- To ensure that the programs, materials, and technology used in special education is up-to-date and effective, EHA provides funds for innovation and development. The projects encourage research to ensure that the most cost-effective methods and materials are available for use with handicapped children.

These few examples show in a small way the importance of EHA programs to the lives of handicapped children, their parents and teachers. Therefore, ASHA believes it is important to continue the EHA discretionary programs found in Parts C, D, and E and that authorized funding be placed at a level that will ensure continued growth and improvement of Education of the Handicapped Act programs.

Following are ASHA's specific recommendations.

Part C, Sec. 621, Regional Resource Centers (RRC)

In past years, the Regional Resource Centers served a useful function in providing technical assistance and information to state and local education agencies. During the initial stages of implementation of EHA and P.L. 94-142, there was a great need for such assistance. However, as special education programs grew and state and local education agencies have become stronger in terms of programs, staff and expertise available, the need for national/regional technical assistance for State Education Agencies (SEA) has lessened.

ASHA recommends that the Regional Resource Centers be reauthorized for one year at a level of $9.8 million.

We suggest that the centers be charged with the responsibility of determining how state and local education agencies can assume the activities currently carried out by the RRCs. In addition to providing technical assistance to SEAs, RRCs should be given the charge to provide technical assistance to other state and local agencies providing services for handicapped children.

	FY 83 Authorized	FY 83 Appropriation	ASHA Recommendation
*	$9.8	$2.88	$9.8

*All figures in millions of dollars

Part C, Sec. 622, Deaf-Blind Centers

The initial intent of the model deaf-blind centers has been met. The centers have provided programming support for those deaf-blind children identified as a result of the rubella epidemic of 1963-65. In the 14 years since funding for this program was initiated, we have seen the full implementation of P.L. 94-142. Thus, many of the services provided under this program are duplicative of what state and local education agencies are to provide under P.L. 94-142.

ASHA recommends the model centers and services for deaf-blind children be reauthorized for one year at a level of $16.0 million.

We suggest that centers begin a transition from centers providing direct services to centers that provide technical assistance and coordination activities in the area of deaf-blind and severely handicapped. In the future, consideration should be given to determining how such technical assistance and coordination to state and local education agencies fits with the technical assistance activities of the RPC. Possibly, all technical assistance functions could be taken over by one program.

FY 83 Authorized	FY 83 Appropriation	ASHA Recommendation
$16.0	$15.36	$16.0

Part C, Sec. 623, Early Childhood Education

Education of preschool handicapped children has proven to be one of the most cost-effective special education programs. The handicapped children's early education program has provided service to thousands of young children through outreach programs and has provided state and local education agencies with models, methods and materials that have facilitated the provision of cost-effective services for preschool handicapped children nationwide.

ASHA recommends that the handicapped children's early education program be reauthorized at a level of $25 million.

Increased funding for this program is needed to encourage states to provide programs and services for handicapped children, birth to age 5. ASHA suggests that part of the funds be used to provide states with planning grants to develop and implement a full service preschool program plan.

FY 83 Authorized	FY 83 Appropriation	ASHA Recommendation
$20	$16.8	$25

Part C, Sec. 624, Research, Innovation...in Connection With Model Centers...for Handicapped

This section has provided funding for model programs related to the severely handicapped. The projects have been funded with monies appropriated under Section 621. No separate authorization has been provided for severely handicapped projects except for FY 82 and 83.

ASHA recommends that Section 624 be reauthorized at a level of $5 million.

ASHA suggests that funds under this part be used to provide projects that relate to other handicapping conditions as well as the severely handicapped - usually the mentally retarded.

FY 83 Authorized	FY 83 Appropriation	ASHA Recommendation
$5.0	$2.88	$5.0

Part C, Sec. 625, Regional Education Programs

Projects funded under this Section have focused primarily on the handicapped adult pursuing higher education. Most of the funds have been used for projects related to the deaf. Section 625 is important in that it is the only section of EHA that deals directly with the handicapped adult's efforts to obtain higher education.

ASHA recommends Section 625 be reauthorized at a level of $4.0 million.

ASHA suggests that projects funded under this section be expanded to include other groups of handicapped adults in need of higher education and vocational programs.

FY 83 Authorized	FY 83 Appropriation	ASHA Recommendation
$4.0	$2.832	$4.0

Part D, Sec. 631, 632, 634, Training Personnel for Education of Handicapped

The Special Education Personnel Development Program (SEPDP) provides support to institutions of higher education and state and local education agencies to ensure an adequate supply of qualified providers of special education and related services. Funds also have been used to provide special education training for regular educators and for development of innovative training models. Without properly trained, accessible, and sufficient personnel, it is difficult to envision the successful accomplishment of the primary goal of P.L.94-142. Study after study has shown that the shortage of qualified special education personnel is a critical national problem. For example, in February 1983, 41 state education agencies indicated they had funded but unfilled vacancies for speech-language pathologists. One state reported over 300 vacancies. In an effort to recruit individuals no matter what their qualifications, 10 states that currently require the master's degree as the minimum level of education and training for employment as a speech-language pathologist are considering or have reduced their certification standards to the bachelor's level. Such actions due to personnel shortages will reduce the quality of service provided to handicapped children.

ASHA recommends that Part D, Sections 631, 632, and 634 be consolidated into one authority related to preparation of special education and related service personnel with an authorization level of $70 million.

ASHA suggests that priority for use of funds for preservice education be given to those programs that have received accreditation from agencies recognized by the Council on Postsecondary Accreditation (COPA) and/or the Department of Education. This will target money for programs that have accepted minimum national standards for quality education and training.

FY 83 Authorized	FY 83 Appropriation	ASHA Recommendation
$58.0	$49.3	$70.0

Part D, Sec. 633, Recruitment and Information

This program provides funds to promote public awareness about the needs of the handicapped and to distribute information on the various handicaps and the availability of services within the states.

Projects funded under this part provide a "one-stop" location where parents, consumers, students and others can get a variety of information about handicaps and special education.

ASHA recommends that Section 633 be reauthorized at a level of $1.0 million.

ASHA suggests that some funds be used to increase recruiting efforts to encourage top students to pursue a career in special education.

FY 83 Authorized	FY 83 Appropriation	ASHA Recommendation
$1.0	$480,000	$1.0

Part E, Innovation and Development

Part E provides research and development funds needed to develop new products, programs and services that will improve the quality of education received by the handicapped. Research projects funded typically have national significance and are funded based on national needs. If adequate and appropriate services are going to be provided, now and in the future, it is necessary to continue to research and disseminate innovative and cost-effective products, methods, and materials related to education of the handicapped.

ASHA recommends that Part E be reauthorized at a level of $25.0 million.

ASHA suggests that some funds be used to conduct a national study on workforce supply and demand in special education and related services with the intent of identifying ways to project workforce needs based on current program and trend data.

FY 83 Authorized	FY 83 Appropriation	ASHA Recommendation
$20.0	$12.0	$25.0

Although Part B of the Education of the Handicapped Act ensures the provision of free appropriate public education, the other Parts of EHA (C, D, and E) provide the infastructure on which a strong Part B is built. Without adequate funds to ensure continuing research and development, personnel development, demonstration projects preschool through post-secondary, and dissemination of information, the provision of quality appropriate education becomes difficult, if not impossible.

ASHA believes strongly that EHA discretionary programs need to be reauthorized for one year during which an in-depth study is conducted to determine where major changes in program direction and focus need to take place.

We thank you for this opportunity to comment and for your consideration of our recommendations. If you have questions regarding the ASHA suggestions, please contact the ASHA Governmental Affairs Department.

Massachusetts
Easter Seal Society

OFFICERS
President
Michael S. Robertson
Falmouth
Vice President
Sister Mary Caritas, S.P.
Holyoke
Immediate Past President
Robert W. Garner
Wayland
Treasurer
William R. Spaulding
Wakefield
Clerk
Alan P. Sager, Ph.D.
Brookline
HOUSE OF DELEGATES
Chairman
Florence V. Webb
West Springfield
Vice Chairman
Richard LaFrance
North Westport
Clerk
Theodore A. Martineau II
Turners Falls
Executive Director
Richard A. LaPointe

March 29, 1983

Senator Lowell Weicker, Chairman
Subcommittee on the Handicapped
SH 113
Washington, D.C. 20510

Dear Senator Weicker:

The Massachusetts Easter Seal Society strongly urges the reauthorization of the Rehabilitation Act and Amendment Public Law 95-602 and that it specifically includes continuation of Section 316 projects.

The Easter Seal Society supports the Congressional intent that funds be allocated to provide recreational opportunities for persons with disabilities. We urge that funds for meeting this need be continued and not diverted to other areas.

We would like to offer testimony for the Record on the importance of Section 316 projects based on our experience with a Recreation Grant awarded to the Massachusetts Easter Seal Society.

We submit the following data for your information:

1. Purpose of our Project
   - to initiate and/or facilitate recreational and leisure activities for adults with disabilities.
   - to initiate participants into existing community programs whenever possible through program adaptation or 1-1 assistance.
   - to promote personal growth in socialization, mobility and independence through recreation.
2. Activities Available in our Project
   - adapted skiing
   - adapted swimming
   - adapted raquetball
   - tennis
   - jazzaerobics
   - nautilus program
   - fencing
   - horticulture
   - drama
   - board and card games
   - field trips

- basketball team sport for deaf teenagers
- social and informational gatherings
- mainstream adult and/or community education courses with assistance of a 1-1 aid on program facilitation

3. Population Served by our Project

   - adults with disabilities who are able to form a reasonable vocational goal
   - included in our programs are:
     persons who are vision impaired
     persons who are deaf
     persons who are severely physically disabled due to multiple causes including stroke, C.P., polio, head injury, M.S., trauma
     persons who are high functioning mentally retarded

4. Access to our Project by Vocational Rehabilitation Clients

   - The Easter Seal Society has contracted all MRC active clients in target areas by mail with follow-up encouragement through counselors.

5. Relationship of our Project to Goals of Vocational Rehabilitation

   - We share the aim of the Massachusetts Rehabilitation Commission to mainstream and integrate persons with disabilities into realistic community involvement.

6. Project Contributions to the Quality of Life

   - it encourages socialization, mobility and independent living

     a. Socialization - holding all activities in a social context preceding or ending all activities with time and intention for socialization. Ex. - when participating in programs where a lounge exists, using that setting as a final meeting area with time for socialization.

     b. Mobility - encouraging and helping clients to realistically assess transportation and mobility problems, developing a network or awareness of community transportation and helping clients experiment with arranging their own transportation so that they can comfortably assume that responsibility when it is possible.

     c. Independent Living - encouraging the concept of independence and assisting clients with ideas on how to make their living arrangements work in relation to their recreational pursuits.

7. Project Impact on Individuals Served

- Provides a challenge in that our programs have helped some adults experience activities they previously felt that they would never be able to experience, therefore giving them a greater sense of self.
- Renewal of spirit and confidence. The programs have helped renew old interests that individuals felt were no longer possible for them. Individuals have taken part in mainstream activities that they were hesitant to pursue without assistance, but will now be confident to continue independently.
- Community Awareness - good publicity has created greater community awareness of abilities of persons with disabilities. These clients participated in programs thought to be only for the able bodied. Community instructors and volunteers have experienced a great awareness of the uniqueness of all individuals.

We hope that our comments are useful to your committee. We know the positive results derived from projects such as ours and urge that funds for recreation for the disabled be continued as a necessary component for improving the quality of life for individuals with disabilities.

Sincerely,

Mary Ann Barbee
Deputy Director for Programs
Massachusetts Easter Seal Society

MAFB/taj

national
easter seal society
60 YEARS OF SERVICE TO HANDICAPPED PEOPLE

Office of Governmental Affairs

March 30, 1983

The Honorable Lowell Weicker, Jr.
Chairman
Senate Subcommittee
on the Handicapped
Room 113, Hart Senate
Office Building
Washington, D. C. 20510

Dear Mr. Chairman:

The National Easter Seal Society appreciates the opportunity to contribute to the evaluation and improvement of the programs under the Rehabilitation Act. As the nation's oldest and largest voluntary health agency, Easter Seals has actively participated in the growth and development of the rehabilitation movement. The National Society believes that the reauthorization process provides an excellent opportunity to assess once again the effectiveness of Rehabilitation Act programs and services. In addition, it provides an occasion for the many federal, state, local and private rehabilitation agencies to reaffirm their commitment to providing quality services to persons with disabilities.

Historically, Easter Seal involvement in the provision of rehabilitation services to the public predates the federal role in this area. Easter Seals was founded in Ohio in 1919, in order to provide rehabilitation services to children with disabilities. A year later, the federal government established its first non-military rehabilitation program under the National Civilian Vocational Rehabilitation Act (also known as the Smith-Fess Act).

In the more than sixty years that have elapsed, the Easter Seal Society has expanded in size and scope of services. The National Easter Seal Society currently represents 827 state and local societies. These societies offer a wide range of rehabilitation, health care and related services to both children and adults. In 1982, Easter Seals served over 759,000 individuals. Many of these people were served under programs authorized by the Rehabilitation Act. It is through this level of involvement and through our role as an advocate for persons with disabilities that the National Society has developed the views expressed in this statement.

As written, the Rehabilitation Act embodies one of the most comprehensive and effective systems of providing human services. The National Society wholly supports the Rehabilitation Act and urges Congress to extend authorization for a period of five years. It is our belief that the programs authorized under the

Rehabilitation Act represent a broad and balanced approach to meeting the rehabilitation needs of persons with disabilities. We encourage Congress to retain all of the programs provided for under the Act, regardless of their funding status. Each of these programs and the services they provide represents a unique and vital aspect of the overall rehabilitation process.

Easter Seal Proposals

This statement reflects the concerns of the National Society and the organizations it represents relative to programs under the Rehabilitation Act. For the most part, these concerns focus on the ability of nonprofit rehabilitation centers to participate effectively in the vocational and related rehabilitation programs in the Act. These programs represent one of the largest, most comprehensive sources of rehabilitation services available to people with disabilities. We believe, therefore, that every effort should be made to improve the Rehabilitation Act as written and as administered.

The National Society has identified several provisions in the Act which require either amendment, report language or simply the attention of Congress. These include the "work center" definition, support services for rehabilitation facilities, the federal role relative to Rehabilitation Act programs and the need for recreation services. The National Society urges Congress to examine these areas during reauthorization and, in so doing, consider Easter Seals' recommendations. We also ask that Congress consider the testimony prepared by the Consortium for Citizens with Developmental Disabilities, which was submitted on behalf of Easter Seals and thirteen other organizations.

The New "Work Center" Terminology

The National Society proposes that the Rehabilitation Act be amended to include the definition of the term "work center". This term describes those vocational rehabilitation facilities formerly referred to as "sheltered workshops". It is our belief that the old, familiar "workshop" label no longer projects an acceptable, and in some cases, accurate image of today's vocational rehabilitation facilities. This amendment, therefore, is intended to establish the "work center" term in the Act to more clearly define the positive and productive nature of these vocational rehabilitation facilities.

In an effort to reflect the positive development of vocational rehabilitation facilities in the Rehabilitation Act, the National Society proposes that the "work center" term be added. This can be accomplished by adding the "work center" definition as Section 7(16), which would read as follows:

> The term "work center" means a rehabilitation facility, or that part of a rehabilitation facility, engaged in production or service operation for the primary purpose of providing employment as an interim step in the rehabilitation process or as an extended work opportunity for those invididuals who cannot be readily absorbed in the competitive labor market.

The National Society proposes that the term "work center" be substituted for the term "workshop" wherever it is used in the Act. The adoption of the term "work center" provides needed recognition for the substantial changes that have occurred in vocational rehabilitation facilities. During the past several years, such facilities have initiated new and innovative work programs. These programs have greatly expanded the vocational rehabilitation process and, as a result, have increased the opportunities available to individuals with disabilities. In addition, new types of personnel have been employed by these facilities to achieve a range of skills more comparable to those found in competitive employment. The new "work center" terminology sends a signal to the community that a definite and positive transition has taken place within those facilities known as "sheltered workshops".

A major benefit of the "work center" amendment is the incentive which the new terminology provides to vocational rehabilitation facilities to reassess their roles in the community. Consideration of the "work center" concept by facilities will bring about a review of organizational goals and structure. For many facilities, the adoption of the "work center" identity will be accompanied by a revised sense of mission and an improved vocational rehabilitation program.

In this regard, the adoption of the "work center" designation by a facility represents an important step in its organizational evolution. The transition of a "workshop" to a "work center" demonstrates to the community an effort on the part of the facility to redefine its purpose. This transition can be viewed as a means by which the facility signals its intention to become more businesslike. In effect, the new name upgrades the image of the facility to a more productive, work-oriented center for rehabilitation. This new image can be used to promote greater involvement of employers and, consequently, will lead to an increase in the number of contracts and improved placement of persons with disabilities in the competitive labor market. The National Society believes that adoption of the "work center" identity represents much more than a superficial substitution of terms. It represents a timely and significant opportunity in the development of vocational rehabilitation facilities.

Support for Rehabilitation Facilities

Rehabilitation facilities are a critical component in the provision of services to individuals with disabilities. Although these facilities vary in size, range of services and sophistication, they are all devoted to providing high quality, cost-effective rehabilitation services. For many persons with disabilities, the local rehabiliation facility represents much more than a service provider. The facility and its staff represent a vital source of assistance through which personal fulfillment, independence and vocational goals can be achieved.

The Rehabilitation Act has placed considerable emphasis on the utilization of rehabilitation facilities. Under Title I, rehabilitation facilities provide the means for evaluating, treating and training persons with disabilities. In fact, a significant percentage of the funds expended by state vocational rehabilitation agencies each year is spent on services to individuals in rehabilitation facilities. In 1979, rehabilitation facilities provided services to 185,000 or 20% of all state vocational rehabilitation clients. That year, the services provided by rehabilitation facilities to vocational rehabilitation clients represented 33.9% of the total state agency budget.

Although some rehabilitation facilities are operated by state and local governments, the majority are operated by voluntary agencies. Approximately 30% of the vocational rehabilitation services financed annually by state agencies are delivered in nonprofit rehabilitation facilities. In addition, these facilities are often the site of a vast array of support services, including recreation, transportation and independent living.

Given the substantial role of nonprofit rehabilitation facilities in the provision of vocational and related rehabilitation services, the National Society believes that the federal government has a strong interest in the continued success of these facilities. In terms of the quantity and quality of services provided by nonprofit rehabilitation facilities, the federal stake is considerable. For this reason, the National Society proposes that federal support for nonprofit rehabilitation facilities under the Rehabilitation Act be proportionate to the level of services provided by these facilities under the Act.

Currently, there are a number of provisions contained in the Rehabilitation Act (funded and unfunded) which provide support for nonprofit rehabilitation facilities. These include programs for facility construction, loan guarantees and federal improvement grants, rehabilitation training and rehabilitation research. The National Society believes that federal financial assistance for facility construction and improvement is a cost-effective means of assuring the future presence of nonprofit facilities in the national rehabilitation effort. Similarly, the level of investment in facility-oriented rehabilitation training and research has a direct impact on the personnel and technology available to rehabilitation facilities. Furthermore, provisions exist under the Act to provide technical assistance to nonprofit rehabilitation facilities. These provisions must be restructured in order to restore the level of assistance to nonprofit rehabilitation facilities originally intended by Congress.

As written, the Rehabilitation Act provides ample evidence of a federal commitment to the construction and periodic improvement of nonprofit rehabilitation facilities. Under Title III, Sections 301, 302 and 303 of the Act, provisions were established which would make funding available to build, equip and staff rehabilitation facilities, assist in the financing of facilities through federal loan guarantees, and assess and improve facility services and staff. Unfortunately, the provision regarding loan guarantees has never been funded and the construction and improvement grant programs have not received funding in recent years. It should be noted, however, that when such monies were available, these programs proved very effective.

The lack of federal finanical support at this time is especially damaging. Many rehabilitation facilities are in critical need of repair and modernization. Built decades ago, these facilities need an infusion of funds in order to retain their effectiveness as competent providers of rehabilitation services. In addition, population shifts have created a strong demand for rehabilitation services in many areas of the south and southwest. Many communities are ill-equipped to meet these needs. Similarly, the emphasis on deinstitutionalization has greatly increased the demand for outpatient rehabilitation services. The combined effect of these trends and the aging of existing rehabilitation facilities makes the need for federal support clear.

The National Society urges Congress to recognize the need for a strong federal role in the construction and improvement of nonprofit rehabilitation facilities. Despite an authority to spend as much as ten percent of their rehabilitation budget on construction, states have not demonstrated a willingness to acknowledge this area of need. Furthermore, present economic conditions make it much more difficult for nonprofit facilities to raise independently the needed monies. Unless Congress reaffirms an interest in these programs, the share of rehabilitation services provided by nonprofit facilities could soon be jeopardized.

A similar challenge has developed in the fields of rehabilitation training and rehabilitation research. Under the Act, the Rehabilitation Training program was established to ensure that skilled rehabilitation professionals would be available to meet the needs of persons with disabilities. Similarly, the National Institute of Handicapped Research was created in order to promote research and technological advancement in areas of importance to people with disabilities. Unfortunately, as these programs have evolved, the resources devoted to facility-oriented fields diminished. This has occurred despite language within the Act which specifically addresses the needs of nonprofit rehabilitation facilities.

As an advocate for individuals with disabilities and a major provider of rehabilitation services, Easter Seals believes that facility-related training and research projects should be established in each of these national programs. Again, the large-scale involvement of nonprofit facilities in the field of rehabilitation demands that greater emphasis be placed on facility needs within training and research. Easter Seal facilities are often forced to operate with reduced staff, due to the shortage of trained rehabilitation personnel. The need for pre-service and in-service training for nonprofit facility staff is glaring. Furthermore, the National Society and many other nonprofit agencies support valuable research activities in the area of rehabilitation. However, a commitment is required at the national level to see that the unique aspects of the facility environment are considered. The National Society urges Congress to restate the importance of facility-oriented training and research activities under the Act. The amount of resources devoted to rehabilitation training and, to a lesser degree, research might well be linked to the level of rehabilitation services provided by facilities. This would guarantee that facility-specific needs are given adequate attention and, as a result, provide a reliable source of skilled personnel and the benefits of research.

Another important concern of rehabilitation facility administrators is the need for technical assistance under the Rehabilitation Act. Nonprofit rehabilitation facilities are continually searching for new ideas and alternatives to enhance the quality and delivery of services. In the past, federal technical assistance proved invaluable to nonprofit facilities. Under the Act, RSA coordinated the matching of consultants to the needs of specific rehabilitation facilities. These expert consultants provided technical assistance on a wide range of topics, including accounting, contract procurement, safety, work evaluation, engineering and program services. In addition to the benefits realized by facilities in implementing the consultants' recommendations, the use of "internal" experts provided a substantial cost-savings with respect to purchasing consultation services. At an estimated average cost of $500 per consultation, this federally-sponsored assistance cost considerably less than comparable assistance purchased in the marketplace.

Unfortunately, the provision which enabled this technical assistance for nonprofit rehabilitation facilities was greatly weakened as a result of the 1978 amendments. In 1973, technical assistance was extended to nonprofit organizations other than rehabilitation facilities, but only for advice on the elimination of architectural and transportation barriers. In an effort to expand this provision, the authority regarding technical assistance was revised to make rehabilitation facilities and other nonprofit agencies eligible for full federal technical assistance. However, this change led to a condensation of the language in the Act. As a result, the Office of General Counsel interpreted the new wording to mean that technical assistance was available only for barrier removal both for facilities and other nonprofit agencies. Authority for the provision was moved from Title III, Section 304(e)(1) to Title V, Section 506, of the Act. Following this change, technical assistance to rehabilitation facilities continued through 1981 under Section 12 of the Act. No general assistance or assistance regarding barrier removal has been provided to rehabilitation or other nonprofit agencies under Section 506 since the authority was revised.

The National Society believes that federal technical assistance is critical to the successful operation of nonprofit rehabilitation facilities. Consequently, the National Society proposes that the authority for technical assistance to nonprofit rehabilitation facilities and other organizations be restored to Title III of the Act. This can be accomplished by rewording Section 506(1) of Title V to read: "The Secretary shall provide by contract with experts or consultants or groups thereof, technical assistance --

A) to rehabilitation facilities; and

B) to any public or nonprofit agency, institution, organization, or facility."

The language in Sections 506(2) and (4) need not be changed. The revised provision, comprised of Sections (1), (2) and (4), should be moved to Part A under Title III.

The National Easter Seal Society believes that this amendment will effectively restore the authority for facility-directed technical assistance. In addition to the direct benefits, such as better fiscal management and improved marketing and program services, the consultations introduce a diverse group of technical specialists to the rehabilitation environment. It is our belief that the revitalization of federal technical assistance to nonprofit rehabilitation facilities is a necessary and cost-efficient means of helping such facilities effectively meet the needs of persons with disabilities.

At the same time, the intent of the 1978 amendments should not be lost. Although assistance regarding the removal of architectural, transportation and communications barriers has never materialized under Section 506, a definite need for such targeted assistance exists. Nonprofit rehabilitation facilities and other agencies have demonstrated an eagerness to remove barriers confronting persons with disabilities. However, the funding allocated to the Architectural and Transportation Barriers Compliance Board to provide technical assistance in this area severely limits the amount of assistance available. The National Society urges Congress to adopt report language during reauthorization which strengthens the Board's role in providing technical assistance to nonprofit rehabilitation facilities. Such language should also instruct the Board to cooperate with facility representatives and Rehabilitation Services Administration personnel to identify the specific needs of facilities relative to the removal of barriers. Moreover, report language should expand these efforts to include facility-oriented barrier research and technological development.

Lastly, the formula of reimbursement for services provided to vocational rehabilitation clients by nonprofit rehabilitation agencies is a point of contention. The National Society would like to go on record in opposition to the use of charitable contributions as an offset to reimbursement for services provided by rehabilitation facilities. As noted earlier, the state vocational rehabilitation agencies rely heavily on nonprofit facilities to provide a broad range of rehabilitation services. What wasn't noted, however, was the degree of control exercised by state agencies over such facilities through determination of reimbursement amounts. Reimbursement is generally made through the payment of fees which are negotiated with nonprofit facilities. The fees ordinarily reflect salaries, depreciation of the building and equipment, supplies, utilities and other operating expenses. Unfortunately, certain state agencies have, in the past, elected to consider the unrestricted charitable donations of a facility as an offset to reduce the reimbursement amount. This practice acts as a disincentive to facilities to raise funds within their communities. Such donations are extremely important to many facilities and contribute significantly to the scope and quality of the services they provide. Moreover, contributed income often compensates the facility for rehabilitation services that are not reimburseable or are provided to persons unable to pay for them. At a time when the Administration is advocating the maximum use of private sector resources, the offset of charitable contributions by state agencies is conspicuously inconsistent.

The National Society urges Congress to amend the Act to prohibit the offset of charitable contributions in the formula used to determine reimbursement for rehabilitation facility services. These facilities are entitled to adequate payment for the rehabilitation services they provide. We believe that guidelines to this effect, at the federal level, will ensure that rehabilitation facilities across the nation receive reimbursement commensurate with costs.

The Federal Role

As an advocate for people with disabilities, the National Society is very concerned about the role of the federal government relative to programs under the Rehabilitation Act. Traditionally, federal involvement in service programs administered by states has been meant to ensure that the intent of Congress is met, that the program is administered uniformly across states, and that innovative projects are funded in order to demonstrate new methods, services and technologies. The National Society believes that this active federal role is advantageous and appropriate for the effective provision of quality rehabilitation services.

Recently, however, there has been a noticeable decline in the level of federal participation in Rehabilitation Act programs. For this reason, the National Society proposes that Congress use the reauthorization process to review the federal role regarding programs under the Act. Our statement focuses on several issues relevant to federal involvement, including the collection and analysis of program data and the use of resulting statistics to evaluate program effectiveness.

For the past sixty-three years, state and federal agencies, rehabilitation facilities and others have cooperated in the provision of vocational and related rehabilitation services. Under Title I, the vocational rehabilitation program has clearly demonstrated the success of the state-federal partnership in providing needed services to persons with disabilities. In an effort to maintain an ongoing assessment of the success and substance of these services, the Rehabilitation Services Administration (RSA) collects a wide range of program information. This information is analyzed and delivered to Congress on an annual basis. The Congress uses this information in its oversight activities. In addition, RSA disseminates the results of these assessments to all state vocational rehabilitation agencies. State administrators rely on the statistics prepared by RSA to compare individual program performance to that of other states. Through comparison, state agencies can identify programs in need of improvement and take steps to bring them in line with similar programs in other states. Furthermore, RSA uses these statistics to regulate the delivery of vocational rehabilitation services and administer efficiently this substantial human service program.

The National Society believes that current and accurate statistics are fundamental to every facet of program administration. Reliable statistics contribute much to the skillful administration and delivery of vocational rehabilitation services. Unfortunately, the collection and analysis of program data has been significantly reduced in recent years. In the interest of lessening the burden of federal paperwork requirements, RSA has been instructed to limit its data processing activities. Much of the data that was previously collected and analyzed with respect to the services delivered under Title I, is no longer being gathered by RSA.

The National Society recognizes the intent of the regulatory reform efforts, but we believe that accurate program statistics are invaluable to the effective administration of the vocational rehabilitation program. It is our understanding that the familiar reporting form R-300 has been replaced by a shorter form, the 911. Under the 911, data regarding the client's family and the amount of public monies received at application to the program and at closure will no longer be required. This represents a loss of information that has traditionally provided a better understanding of the client's background and a measure of the program's impact with respect to the client's reliance on public assistance. In addition, state agencies have been given the option of reporting 911 data on a sample basis. Fortunately, few states are expected to exercise this option, as essentially all of the information required by the 911 is collected by states for their own use. Although considerably abridged, the National Society believes that the 911 form is an effective data collection instrument. However, we also believe that it represents the absolute minimum amount of information that should be collected in the evaluation of the vocational rehabilitation program.

The National Society certainly supports efforts directed at reducing the burden of paperwork required by the federal government. However, the limitation on RSA to collect needed program information does not seem to be in the best interest of the program. The statistics formerly collected by RSA are, for the most part, still collected by state vocational rehabilitation agencies. These statistics are basic to the administration of the vocational rehabilitation program at the state level. It would follow that they are of equal importance at the federal level.

In addition, the revision of reporting forms to lessen paperwork requirements has, in some cases, meant that simple procedures to insure accuracy have been eliminated. For example, RSA has been directed by the Office of Management and Budget (OMB) to refrain from collecting certain derivative data. What this means is that, on some forms, states are not required to provide totals for columns of figures reported to RSA. As a result, RSA staff are often required to seek verification for much of the data, so as to avoid the use of figures which may have been incorrectly recorded on the form. Consequently, a quick and simple calculation at the state level has been traded for the expense of follow-up calls and the greater risk that inaccurate program information will go undetected.

Under the Act, the Secretary is directed to report annually to Congress on the effectiveness of the vocational rehabilitation program. It would be extremely unfortunate if the efforts aimed at deregulation were to erode the data base available to Congress for meaningful oversight. The National Society urges Congress to consider carefully the information currently available regarding the programs under Title I of the Rehabilitation Act. A detailed review of the data collected and analyzed relative to the provision of vocational rehabilitation services should be conducted, so that the statistics needed by Congress are readily available. In addition, the National Society urges Congress to include in its review an evaluation of the role of the Office of Management and Budget (OMB) in the operation of Title I programs. During the past few years, OMB has actively pursued the deregulation of these programs. In particular, OMB has targeted the information collected by RSA from state agencies in its efforts to reduce burdensome paperwork. The National Society lauds these activities in that they eliminate the reporting requirements no longer of benefit to the rehabilitation process. However, it is our belief that the extent of the burden can best be determined by the state vocational rehabilitation agencies themselves. Once program participants have identified data reporting elements that are no longer of value, it would seem appropriate to involve OMB in the process of revising forms and data collection procedures.

The National Society proposes that the Act be amended to include a provision which directs that the RSA-SSA Data Link be maintained. The RSA-SSA Data Link is a useful tool for the assessment of the impact of vocational rehabilitation on the lives of persons with disabilities. In November, 1982, RSA released a report summarizing the Data Link study results. The report, entitled "The Long Term Impact of Vocational Rehabilitation, By Severity of Disability", revealed that:

> 1) The post-closure earnings and employment experience of disabled persons rehabilitated in the State-Federal program of vocational rehabilitation was found to be superior to that of persons who could not be rehabilitated. The study applies to the period ranging from the year before referral, 1973 on the average, to the third year after case closure, 1977.
>
> 2) The failure to be rehabilitated had a much harsher enconomic impact on severely disabled persons than on those who were not severely disabled in terms of employment and earnings in the three years after case closure.

The same report provided the earnings per dollar of expenditure and an earnings summary record for severely disabled and non-severely disabled individuals.

The information obtained from this cooperative effort between RSA and the Social Security Administration provides a valuable measure of the impact of rehabilitation on the employment and earnings of persons with disabilities. Unfortunately, no Data Link data beyond calendar year 1977 are available. The National Society believes that the RSA-SSA Data Link should be established on a long-term basis, so that similar reports can be periodically produced. We propose that the Rehabilitation Act be amended to require that, at a minimum, an assessment of the employment and earnings status of the 1975 cohort be completed every three years. Moreover, it is our belief that new groups should be established every five years and monitored at three year intervals thereafter. The information supplied by this interagency study represents one of the few sources of post-closure feedback on the impact of vocational rehabilitation. The National Society urges Congress to amend the Act to require that the RSA-SSA Data Link be continued and that the funds and personnel needed for this unique and valuable study be provided under the Act.

The justification for the collection and data analysis activities under Title I is equally applicable to all other Rehabilitation Act programs. Each year, millions of dollars are dispersed under the Act for the provision of rehabilitation and related services to persons with disabilities. In order to insure that the decisions regarding these programs are made in an informed manner, the ongoing collection and analysis of program information is needed. The National Society believes that accurate and up-to-date statistics at the federal level are a prerequisite to effective program administration. For this reason, Congress is urged to develop report language which emphasizes the value of evaluation to the success of the rehabilitation movement. Under Section 14 of the Act, the Secretary is directed to evaluate all Rehabilitation Act programs. The National Society supports the comprehensive evaluation efforts authorized under Section 14. We encourage Congress to include report language which strengthens the nonpolitical role of these evaluation efforts.

Lastly, within the context of the federal role, the National Society would like to call attention to a concern that has been raised relative to the location of rehabilitation agencies within state governments. During the past year, Easter Seal staff has interviewed a wide range of rehabilitation professionals. One of the concerns expressed by rehabilitation counselors and others in the vocational rehabilitation system was the potential for the erosion of program effectiveness due to a loss of direct control over program resources. It was reported that state agencies located in large "umbrella" departments of the state bureaucracy were often more subject to external fiscal and operational constraints. The fear was expressed that agencies so situated were sometimes required to allocate funds for overhead costs and other indirect expenses not necessarily related to the provision of vocational rehabilitation services. Similar constraints were also said to affect the management of personnel within the state agency.

The National Society is not in a position to thoroughly evaluate these concerns. However, it seems in the best interest of the program that as much responsibility as possible remain with the state vocational rehabilitation agency regarding the allocation of financial and personnel resources. Under the Act, states are provided with detailed instructions as to the organizational responsibility, level and status of vocational rehabilitation agencies. Moreover, the intent of this statutory language has been tested and validated on several occasions, as in the U. S. District Court of the Northern District of Florida ruling. The National Society believes that state vocational rehabilitation agencies should have organizational unit status within the hierarchy of state government and urges Congress to evaluate this issue during reauthorization.

Recreation Services

One of the more important aspects of federal involvement in programs under the Rehabilitation Act is the support provided for innovative projects and services that might not otherwise be established. This function is particularly true of the federal role relative to the provision of recreation services to individuals with disabilities. Easter Seals has taken an active interest in the development of recreation programs to serve children and adults with disabilities. In fact, during 1982, Easter Seal societies provided recreational services to over 40,000 individuals in a variety of settings, including resident camps, day camps and structured recreation programs. Our direct experience with the provision of recreation services has served to reinforce our commitment to this important, but often overlooked aspect of the rehabilitation process.

Under Title III, Section 316 of the Act, grants are made to states and other public and nonprofit agencies to pay part or all of the cost of establishing recreation programs to aid in the mobility and socialization of persons with disabilities. The role of recreation in rehabilitation is an important one. Recreation and rehabilitation professionals maintain that there is a therapeutic value to participation in recreation programs and that recreational activities are an essential element of a balanced lifestyle. Programs established under Section 316 encompass a broad range of activities, including sports, music, dance, arts and crafts and camping. Provisions under the Act specify that existing resources be used whenever possible, thereby discouraging the development of new facilities and encouraging the integration of persons with disabilities into established community recreation programs.

The National Society urges Congress to develop report language which identifies the provision of recreation services as a priority under the Act. In order to bring about the balance of services under the Act as intended, it is necessary to emphasize the full compliment of rehabilitation services, including recreation. The National Society believes that the recreation programs established under Section 316 represent the quickest and most cost-efficient way to make recreational opportunities available to persons with disabilities.

New Federalism

The National Easter Seal Society would like to go on record as opposed to the Administration's proposal to turn the vocational rehabilitation program back to the states. This proposal would include the vocational rehabilitation program among the thirty-four programs slated to be "turned back" to the states during the period of 1984 through 1988. It is our belief that this action is not in the best interest of the vocational rehabilitation program or the people it is meant to serve.

The intent of the turnback proposal is to give states greater flexibility in the administration of the vocational rehabilitation program. Experience has shown, however, that this state-federal partnership has traditionally allowed states a great deal of discretion in providing rehabilitation services. The National Society believes that there is a definite need to maintain a strong federal presence in the vocational rehabilitation program. At a minimum, the federal government is responsible for overseeing the use of the millions of dollars it invests each year in the program. More importantly, the federal role is intrinsic to effective program administration and the assurance that quality vocational rehabilitation services are available to persons with disabilities. For these reasons, the National Society urges Congress to resist any efforts to further transfer the responsibility for the vocational rehabilitation program to the state level.

The National Easter Seal Society appreciates this opportunity to comment on programs under the Rehabilitation Act during reauthorization. We hope that the Subcommittee will find our recommendations useful.

Sincerely,

Joseph D. Romer

Joseph D. Romer
Director of Governmental Affairs

Randall L. Rutta

Randall L. Rutta
Legislative Analyst

RLR:cg

AMERICAN FOUNDATION FOR THE BLIND, INC.

1660 L STREET, N.W.
WASHINGTON, D.C. 20036
TEL. 202 467 5996

STATEMENT OF IRVIN P. SCHLOSS, DIRECTOR OF GOVERNMENTAL RELATIONS, AMERICAN FOUNDATION FOR THE BLIND, TO THE SUBCOMMITTEE ON THE HANDICAPPED, COMMITTEE ON LABOR AND HUMAN RESOURCES, UNITED STATES SENATE, ON PROPOSALS TO EXTEND AND IMPROVE THE REHABILITATION ACT OF 1973

March 30, 1983

Mr. Chairman and members of the Subcommittee, I am pleased to have this opportunity to present the views of the American Foundation for the Blind, the national voluntary research and consultant agency in the field of services to blind persons of all ages, on proposals to extend and improve the Rehabilitation Act of 1973.

The American Foundation for the Blind endorses enactment of the following recommendations designed to strengthen the Rehabilitation Act of 1973:

1. Permanent extension of the program of basic state grants and extension of all other programs under the Act through September 30, 1986, with increases in the authorizations of appropriations.
2. Modification of the program of Independent Living Services for Older Blind Individuals under Section 721 of the Act,

so that it will have its own authorizations of appropriations.

3. Establishment of an independent client advocacy project in each state with separate authorizations of appropriations and advocacy responsibility for all Federally financed activities useful to handicapped persons.
4. Establishment of the Helen Keller National Center for Death-Blind Youths and Adults as a special institution.
5. Accreditation of local voluntary agencies serving handicapped persons as a prerequisite for grants or contracts by state rehabilitation agencies.

Extension of the Rehabilitation Act of 1973

The American Foundation for the Blind recommends extending the authorizations of appropriations for basic state grants on a permanent basis and extension of other programs under the Act through September 30, 1986. For implementation of the basic vocational rehabilitation program under Section 110 of the Act, we recommend authorizations of appropriations of $1.040 billion for FY 1984, $1.145 billion for FY 1985, $1.255 billion for FY 1986, $1.380 billion for FY 1987, and increases in subsequent fiscal years based on increases in the Consumer Price Index. As a result of high inflation rates and virtually level funding for basic grants in recent years, fewer handicapped persons have been rehabilitated for gainful employment, thereby increasing their dependence on the Supplemental Security Income (SSI) program under Title XVI of the Social Security

Act. By increasing authorizations for basic state grants and by subsequent indexing in accordance with increases in the Consumer Price Index, reduction in essential rehabilitation services to handicapped individuals would be prevented.

Rehabilitation Services for Older Blind Persons

One of the major gaps in services to blind persons in the United States continues to be lack of provision of adequate rehabilitation services for middle-aged and older blind persons. According to the National Society for the Prevention of Blindness, three-fourths of the legally blind population is 40 years of age and older; and three-fourths of all new blindness occurs in the same age group. The National Center for Health Statistics of the U.S. Public Health Service reports that 1,185,000 of the estimated 1.4 million people in this country with severe visual impairment are 45 and older.

Rehabilitation programs tend to concentrate on blind and visually impaired individuals of optimum employable age and serve very few middle-aged and older blind persons. Yet with appropriate training in mobility and other techniques of doing things without sight, middle-aged and older individuals can frequently be assisted to retain their jobs--jobs in which they have had many years of experience. Others may require vocational retraining as well and can take advantage of old skills and extensive work experience to train for a new job, given the proper vocational rehabilitation assistance. The important thing is that age should not be regarded as a barrier to vocational rehabilitation of blind and visually handicapped persons.

Prior to the 1978 amendments to the Act, a small program of special projects in the rehabilitation of older blind persons was implemented in a few states.

A Rehabilitation Services Administration report on one of those projects states "...Two of the more important but frightening findings of this project are: (1) overwhelming need for the special services provided under this type program demonstrated by the number of referrals made to the project during its initial three year period, and which continues to be demonstrated during the fourth year; and (2) prior to the start of the project, no public or private agency existed that provided the manpower or funds to deliver these special services nor to even identify and locate this special target population..."

For the projects in operation during fiscal year 1977, some 1,850 individuals were referred for services; 1,650 received services; and 400 were closed from the projects as rehabilitated.

The 1978 amendments added Independent Living Services for Older Blind Individuals as Part C of Title VII of the Act, with the authorizations of appropriations limited to 10 percent of the funds appropriated for Part A of that title. Since Part A, which provides for grants to the states for comprehensive independent living services, has not been funded through the appropriations process, the program of services for older blind persons has not received any funding. In view of the success of the special projects for older blind persons in effect prior to the 1978 amendments in providing both independent living and vocational rehabilitation services, we strongly urge a separate authorization of appropriations to implement Part C of Title VII.

Client Advocacy Projects

At present, client assistance projects under Section 112 of the Act are in effect in 38 states at an estimated cost of $1.7 million for fiscal year 1983. We believe that this program should be expanded over the next three years to cover all states and that the program should have a specific authorization of appropriations.

As a result of the impact of Section 504 and the provisions prohibiting discrimination against handicapped persons in the State and Local Fiscal Assistance Amendments of 1976, there is a great need for technical assistance on matters affecting the civil rights of the disabled. The expanded client assistance program we recommend could play an important role in integrating the handicapped into society. This role should not be limited to advocacy of client rights under programs authorized by the Rehabilitation Act of 1973. It should also cover Federal assistance programs which may materially help handicapped individuals, such as higher education, social services, health care, and income maintenance.

To reflect the expanded role of the client assistance projects, we recommend that they be renamed "client advocacy projects." with specific authorizations of appropriations of $3.5 million for the fiscal year 1984, $4 million for the fiscal year 1985, and $5 million for fiscal year 1986. This will allow for orderly expansion in a program which is demonstrating that it is of substantial help to handicapped persons and their families. This expanded program should be administered through the state vocational rehabilitation agencies with assurances of maximum independence for the client advocates.

Helen Keller National Center

The Helen Keller National Center for Deaf-Blind Youths and Adults and its affiliated network provide services to individuals with one of the most severe forms of disability. These services are designed to help deaf-blind persons become "self-sufficient, independent and employable."

The authorization for the services of the Center to deaf-blind persons, as well as training of highly specialized personnel and research and demonstration projects, is currently provided under Section 313 of the Rehabilitation Act of 1973. The American Foundation for the Blind believes that adequate funding for the increasing number of deaf-blind persons now reaching adulthood as well as older blind persons who also lose hearing would best be accomplished by authorizing the Secretary of Education to include the Helen Keller National Center as a special institution in the annual budget of the Department of Education. Therefore, we recommend repeal of Section 313 of the Rehabilitation Act of 1973 and enactment in its place of the provisions of the attached bill.

Accreditation of Local Voluntary Agencies

The American Foundation for the Blind firmly believes that the key to effective rehabilitation services for handicapped persons is assurance of high standards through an accreditation mechanism. Therefore, we urge amendments to the Rehabilitation Act of 1973 to require state vocational rehabilitation agencies and state agencies serving blind persons to contract for rehabilitation services to clients with local voluntary agencies and rehabilitation facilities accredited by an accrediting agency recognized by the Department of Education. For example, the National Accreditation Council for Agencies Serving the Blind and Visually Handicapped (NAC) is recognized by the Eligibility and Agency Evaluation Section of the Department of Education as a standard-setting and accrediting body for the field of special schools for the blind and visually handicapped. NAC has also developed standards and accredited various agencies serving blind persons, including those which operate rehabilitation facilities. We recommend that the role of the Eligibility and Agency Evaluation Section be expanded to include recognition of accrediting bodies for rehabilitation services.

Conclusion

In conclusion, Mr. Chairman, the American Foundation for the Blind endorses permanent extension of the program of basic state grants under the Rehabilitation Act of 1973, as well as extension of the other programs under the Act through September 30, 1986. In addition, we urge that the target program of Independent Living for Older Blind Individuals under Part C of Title VII of the Act be given its own authorization of appropriations. We also urge creation of an extensive and meaningful client advocacy program; accreditation of voluntary agencies with which state agencies contract for services to handicapped persons; and establishment of the Helen Keller National Center for Deaf-Blind Youth and Adults as a special institution in the Department of Education.

We believe that our recommendations will greatly improve services to handicapped persons under the Rehabilitation Act of 1973 and urge your favorable consideration.

SPECIALIZED TRAINING PROGRAM

Center on Human Development
University of Oregon
1590 Willamette Street
Eugene, Oregon 97401
(503) 686-5311

April 20, 1983

Honorable Lowell Weicker, Jr., Chairman
Subcommittee on the Handicapped
United States Senate
Washington, D. C. 20510

Dear Senator Weicker:

This letter provides responses to the questions posed in your letter of April 4, 1983, concerning my testimony in hearings on the reauthorization of the Education of the Handicapped Act. I welcome the opportunity to elaborate on the testimony.

(1) THE TRANSITION FROM SCHOOL TO THE WORLD OF WORK, POST SECONDARY EDUCATION, AND THE COMMUNITY IS A WELL-KNOWN PROBLEM FOR HANDICAPPED YOUTH. IN YOUR OPINION, WHAT ARE APPROPRIATE FEDERAL RESPONSES TO THIS PROBLEM?

The problems faced by handicapped youth during the later years of school and initial adult years represent nationwide difficulties. While the pressures and responsibilities of transition fall first upon the family, local schools, and state governments, strong federal leadership could avoid costly duplication of program development efforts, painful failures as solutions are sought, and serious inequities in service availability.

As I outlined in the written testimony, the needed federal involvement is for a range of activities that will result in improved local services: applied research to develop effective educational procedures; demonstrations that local services can be designed that solve transition problems; systematic and widespread dissemination of program approaches that do work; and follow-up evaluations of special education graduates to provide guidance in the development of needed adult services.

A particular area of need is for research, training, and demonstration in the transition problems faced by students with more severe disabilities. The first generation of these students who entered public schools after PL 94-142 are now reaching adolescence. For them, transition from school to work and adult life will require new curricula and procedures in the school, more extensive transition supports, and currently unavailable adult services that provide for participation in both work and community life while giving ongoing support. Clearly, the need crosses traditional federal boundaries between Special Education, Vocational Rehabilitation and Developmental Disabilities. This is, however, an issue that requires coordinated attention if a useable guide is to be provided for local schools and adult services.

(2) HOW SERIOUS ARE THE CONSEQUENCE, BOTH FOR SOCIETY IN GENERAL, AND DISABLED PERSONS IN PARTICULAR IF WE DO NOT MEET THE SECONDARY AND POST-SECONDARY EDUCATIONAL NEEDS OF OUR NATION'S HANDICAPPED YOUTH?

Our greatest risk is that, in leaving the task of special education undone, we may lose both the societal and individual benefits of investment in education of younger handicapped children. The implied promise of American public education has always been employment and an improved lifestyle in adulthood. Failure to invest in secondary and post-secondary education will rob the handicapped youth of this future, with enormous personal and societal loss.

An equally dismaying result of lack of federal leadership is that needed service innovations will not occur, with the results that (1) individuals with more severe disabilities will continue to be excluded from job preparation in vocational education and vocational rehabilitation; and (2) that existing models which have achieved only limited success with disabled persons will be perpetuated.

(3) WHICH POPULATIONS OF HANDICAPPED YOUTH, OTHER THAN THOSE CURRENTLY BEING SERVED, COULD BENEFIT FROM POST-SECONDARY PROGRAMS?

For a great many people in our society, post-secondary programs provide a bridge into the work force that enhances both employability and job mobility. I believe handicapped individuals with all disability labels could benefit from post-secondary opportunities. For example, appropriate post-secondary services could make the difference between life long care in day activity programs and supported work for many severely and multiply impaired persons; between competitive employment and life long service in sheltered workshops for many considered moderately disabled; and between entry level and more technical occupations for a number of people with less significant disabilities.

(4) WHAT TYPES OF POST-SECONDARY PROGRAMS?

I believe that the greatest benefit will be gained by targeting federal resources on those post-secondary programs that emphasize job skill development and provide assistance in developing social behaviors needed in employment. Programs that offer specialized courses for individuals with disabilities are needed, as well as those that offer support needed by disabled persons to attend regular vocational training programs. Vocational-technical schools, community colleges, and some colleges and universities provide an important context for development of such programs.

Please let me know if I can supply further information or elaborations on the testimony. Thank you again for the opportunity to present my views.

Sincerely,

G. Thomas Bellamy, Ph.D.
Director

GTB:mz

American
Coalition of
Citizens with
Disabilities
Inc.

1200 15th Street, N.W.
Suite 201
Washington, D.C. 20005

(202) 785-4265
785-4341 (TTY)

**OFFICERS AND MEMBERS
BOARD OF DIRECTORS**

Phyllis Rubenfeld
President

Ann Ford
First Vice President

Herbert Pickell
Second Vice President

Pat Pound
Secretary

Joseph C. Fallin
Treasurer

Patricia M. Beattie

Bill Bolte

John A. Chappell, Jr.

Anna Fay

Eunice Fiorito

Cass Irvin

Joyce Jackson

Durward McDaniel

David W. Myers

T. J. O'Rourke

Jane Rozeghi, Acting
Executive Director

TESTIMONY

Mr. Chairman, Members of the Committee, my name is Jane Rozeghi and I represent the American Coalition of Citizens with Disabilities.

The ACCD was formed in 1975 by disabled persons to work for disabled persons. Currently, the ACCD includes 126 member organizations from across the United States which in turn represent millions of disabled persons. As such the ACCD is the largest membership organization of and for disabled citizens in the United States today.

The ACCD is here today to testify on the reauthorization of the Rehabilitation Act and in so doing would like to direct our comments in two distinct areas . . . the Act as it is presently constructed and what that can or should mean for millions of disabled Americans, and . . . the direction that rehabilitation and other vital programs should take for the 1980's and beyond.

During the course of these oversight hearings you have heard testimony from a variety of sources on the importance and value of the present array of Rehabilitation programs. We agree, these programs are indeed vital and necessary to the lives of hundreds of thousands of disabled individuals. Specifically, we want to voice our strong support in particular for the Independent Living Program, the Client Assistance Program and Projects with Industry which we believe are, or could be, successful programs which would form the core for a new Rehabilitation Act.

The dual objectives of rehabilitation are to maximize a persons independence in activities of daily living and his or her opportunity for productivity. While the basic State - Federal program is successful with regard to rehabilitating individuals, it must be viewed and inherently judged in a comparative spectrum. Rehabilitations in and of themselves have become all too often valuable only in the abstract. The problems which face disabled Americans are infinitely more comprehensive and complex. They include problems of and for employment, education, housing, transportation, disencentives to work and training built into medical and income transfer programs, and the as yet unsolved issues surrounding discrimination against disabled individuals.

The Independent Living programs under the present Act's Title VII is illustrative of how an innovative program can make traditional rehabilitation goals obtainable. By dealing with an individual's total set of needs, their vocational potential and ability to live independently, an environment is created which is hospitable to the individual solving of individual problems.

Likewise the Client Assistance program is or could be an important ingredient in the comprehensive restoration of a person to the mainstream of society. The problem with these programs, however, is that all too often the integrity of the programs have been compromised by the State agency. You have heard testimony to this effect. We believe these programs can work and are needed more than ever. We recommend that they are accorded the same status as Protection and Advocacy Programs on the State level which will assure them of an ability to pursue their mission and objectives in an independent fashion.

Nothing in our opinion has been more potentially successful, creative or exciting than the Projects with Industry program. In this milieu individuals are trained in a "State of the Art" environment in industries with solid potentials for employing them. This program has realistically addressed the problem of training individuals on obsolete equipment, using obsolete techniques for jobs that won't or don't exist. It is truly a successful example of a "public/private partnership" and one must wonder why this Administration with it's objectives etched so painfully clear regarding the sharing of public responsibilities does not increase this portion of the rehab budget and thus put "meat" behind it's message.

With regard to the Council on the Handicapped and NIHR, ACCD supports the continuation of these institutions but would fervorently wish that the National Council would drop all its priorities to concentrate on the shaping of a comprehensive policy on disabled Americans. Nothing in our estimation could be more valuable or give rise quicker to a long needed National debate on what America wants to do with and for its disabled citizenry.

NIHR in our opinion needs to focus on issues involving the integration of disabled persons into our society. In this capacity it needs to assume a lead role with other R and D programs in areas like housing and transportation. Only in this way do we feel that the research dollars which are now scarce can be put to maximally effective use. In addition, this kind of coordination will assist in the formulation of the National policy we spoke of previously.

Before closing our comments we would like to go on record with one last recommendation. Ultimately we believe that National policy must be transmitted through one basic entity which either has grant or contract authority for a variety of programs or has lead agency responsibility for the coordination of other programs. This entity which we would call The Administration on Handicapped Individuals would comprehensively address the diverse issues and needs of disabled Americans. Something that today is simply not being done.

In closing, the American Coalition of Citizens with Disabilities would like to bring to your attention the matters of Title V, Sections 501, 502, 503, and 504. Though we are particularly interested in the retention of these sections in future legislation, we believe that the Congress should examine their current implementation with a view to strengthening their enforcement. But recently we have learned of the position of the Administration in which it stated that it would not issue revised regulations for Section 504. We applaud the Administration for its decision. On the surface this decision can be considered a victory for the efforts of the disabled constituency in the area of civil rights. However, other indications lead us to believe that Section 504 is being watered down by a) limited enforcement, b) reorganizing technical assistance to the affected class, c) severely reduced, if not eliminated compliance reviews, and d) an unwritten policy to delay the processing of complaints.

ACCD always stands ready to work with the Congress in its efforts to enable the disabled people of this Nation to become full participating citizens with equal opportunity to live in freedom and dignity. We thank you for accepting our testimony.

Jane Rozeghi
Jane Rozeghi

TESTIMONY BY THE NAVAJO TRIBE FOR AMERICAN INDIAN REHABILITATION SERVICES

Until the recent past, services to rehabilitate disabled people were administered totally by the states and the Federal Government with little or no regard for the special needs of handicapped Native Americans. The experiences of disabled American Indians with these services have demonstrated the inadequacy of state rehabilitation services to meet their needs. Disabled Navajo clients have been closed out for "failure to cooperate", "no contacts" or "unsuccessful" for when they had not responded to written communication because they could not read, had not returned calls because they had no telephones, they had no transportation to attend appointments, etc. Rehabilitation is a numbers game and in order to claim successful closures among Navajos, state vocational rehabilitation (V.R.) counselors would close them out as "successful" sheepherders.

In the mid-1960s the Navajo people themselves took the initiative to intervene on behalf of their disabled clansmen. They challenged the inefficient, unfair, and unrealistic practices of State VR Programs. These deficiences included:

1. Lack of adequate and appropriate counselor orientation to the culture and heritage of Navajo clients - office providing statewide VR services were, for the most part located in large metropolitan areas within the state. Counselors in these cities were familiar only with the circumstances of clients who had ready access to such conveniences as telephone, public transportation systems, timely delivery of mail, industries and support services. Navajo clients living in remote areas, hundreds of miles away from from these counselors and many miles away from paved roads were expected to respond and comply with the same system being implemented in the cities. These state counselors made infrequent visits to the homes of Navajo clients and were heavily dependent upon written communication. Many Navajo VR clients, however, could not read or write. In the event of a home visit, counselors could not communicate effectively with clients because of the language barrier. Interpreters were often of minimal help and, some cases, created greater problems through misinterpretations. Delivery of mail to Navajo families was, and in some instances still is sporadic, untimely, undependable and communal (i.e. it's delivered to the trading post and families pick it up when they come in for supplies). Telephones, were and are few and far between and clients have had no access to local public transportation.

2. Limited Services - State VR Programs had no pro-

visions, or active plans to recruit Counselor who were familiar with the Navajo people and their language, life styles and locale. As stated before State VR offices were not located in proximity to Navajo clients. In addition, State VR Counselors were often selective in the clientele they would serve. Severely disabled Navajo clients were often placed as low priority. Their cases were too often dismissed with the explantion: "too severely disabled", "unwilling to relocate", "failure to cooperate", etc... State VR Services will primarily focused in cities and border towns.

3. Irrelevant Goals - Goals and objectives which were set by State VR Programs often took into consideration only urban settings with their conveniences and industrialization. No consideration was given to rural isolated Indian communities, their culture, or their economy.

4. Lack of cross-governmental coordination - The Navajo reservation and its population extend into three states (Arizona, New Mexico, Utah) and three federal regions (VII, VIII, IX). Each governmental unit claimed jurisdiction and responsibility over only a portion of the reservation. There was little, if any, interstate and interregion coordination. The Navajo people were impelled to contend with three different state programs, as well as their own tribal government and the Bureau of Indian Affairs.

5. Native Healing Services - State VR Programs had no provisions to incorporate the use of Native healing services into the rehabilitation process of disabled Navajos. The use of such services by Navajos is an essential aspect of their lives and plays a vital role in their treatment of disabilities. Disallow- of the use of Native Healing Services by traditional rehabilitation systems represented disrespect to Navajo people and Navajo clients and actually impeded the rehabilitation process in many cases.

This situation changed in 1978. In that year an amendment to the Rehabilitation Act of 1973 (P.L. 93-112) added Section 130. Section 130 specifically addresses the rehabilitation of American Indians. It contains provisions for earmarking funds of up to 1% of the overall rehabilitation allotment to support the Indian Tribal vocational rehabilitation programs. Funds were not available under this provision until fiscal year 1981.

In the immediate years preceding receipt of federal vocational rehabilitation dollars by the Navajo Tribe, The Tribe undertook the coordination and consolidation of VR services for the Navajo people. This was the beginning of cross-governmental coordination for the provision of appropriate VR services to disabled Navajo clients. The Navajo Vocational Rehabilitation Program has been the sole project funded under Section 130 of P. L. 95-602. It has had an annual appropriation minimally of $650,000, an amount which impacts only a portion of the needs. This project, administered by Navajos with a staff which is over 90% Navajo, has made measurable progress towards the delivery of appropriate VR services to its clientele. The program serves over five hundred (500) disabled Navajos annually. Navajo clients have found employment in welding, clerical work, pastor, computer operator, etc... The Program now has rehabilitation workers who are familiar with the local economy, the language, the culture and habitat of the people. The program is making the local government aware of the employment needs and desires of disabled Navajos. Local employers are becoming sensitized to the potential of this work force.

The Navajo Vocational Rehabilitation Program was established in 1975. It has been in operation for eight years. The program has grown much during this time:

1. Beginning as a State VR sub-office, it now operates as an autonomous program.

2. Beginning with a staff of five, the program is now staffed by nineteen dedicated and qualified individuals.

3. Beginning as a small seemingly insignificant subcomponent program within the Navajo Division of Education it has now attained Branch status within the Division with a total staff of over thirty in four handicapped service related programs.

4. Beginning with a caseload of less than 75 the program now maintains a caseload of over 400 active files.

Viewing these accomplishments, the Navajo Tribe feels that it has proven its capability for administering a VR program to serve its disabled citizens. The Navajo Tribe feels that the Navajo Vocational Rehabilitation Program should receive recognition commensurate to its proven abilities and be granted secure funding, comparable to state and trust territory programs. Such funding can be justified based upon area served, population served, program uniqueness, governmental status, and federal responsibility to Indian Tribes. The Navajo Tribe seeks your support in attaining status comparable to a state or trust territory under Title I of the Rehabilitation Act. There are trust territories of the United States of America which are afforded this status. Some of these trust territories have a population less than that of the Navajo Nation (160,000), occupy a geographical area less than that of the Navajo Nation (25,000 square miles), and yet receive a greater funding allocation.

In addition, we are seeking this status in order to make the funding of specific VR services to Navajo people more secure. Under Section 130, we have been required annually to secure a special congressional appropriation for our program under Section 130. It was the understanding of the Navajo Tribe from reading Section 130 that upon receipt of federal dollars to the Navajo Vocational Rehabilitation Program, states formally providing VR services to the Navajo Nation would cut back in those services and in funds requested for those services one-third each year, giving total VR responsibility to the Navajo Vocational Rehabilitation Program in the third year. The States have followed this procedure in case management, but not in fiscal matters. They are still receiving formula allocations based upon the inclusions of the Navajo disabled population. We are still receiving "special project" funding with year-to-year funding under Section 130, and with the withdrawal of VR services by states, the Navajo Vocational Rehabilitation Program fears for the lack of long-term provision of VR services to Navajo people. We are soliciting the support of this subcommittee for the continuance and stabilization of funding for the Navajo Vocational Rehabilitation Program through appropriate legislation.

The need remains for appropriations under Section 130 of P.L. 95-602 to support innovative initiatives for the provision of appropriate and relevant VR services to American Indians. Should the recognition of the Navajo Vocational Rehabilitation Program as a State Status Program not receive favorable action, there is a need to increase funding appropriations under Section 130 to meet the expansion of the Navajo Vocational Rehabilitation Program as well as the possible development of VR programs among other Indian Tribes. Failure to increase appropriations under Section 130 will result in intense competition by Indian groups for minimal allocations and/or reduced services as more programs are added.

There is an additional need [illegible] assure and guarantee continual fiscal support of successful [illegible] programs for American Indians. Many man hours are devoted annually to securing appropriations under Section 130. This time could be better spent serving our clients. We hope you will assist us in securing the legislation necessary to give our program the legal support and financial support it needs to continue.

Thank you.

FACT SHEET FOR NAVAJO TRIBE'S TESTIMONY

CURRENT CASE STATUS
August 1982 - March 1983

AGENCY:	TOTAL	00	02	06	08	10	12	14	16	18	20	22	24	26	28	30
Chinle	97	3	20	16	22	5	1	5	1	4	1	1	5	0	7	6
Crownpoint	46	3	14	7	15	0	0	4	0	1	0	0	1	0	0	1
Ft. Defiance	98	2	38	3	35	0	0	2	0	6	1	3	0	2	6	0
Shiprock	72	6	24	7	18	1	0	5	0	4	0	2	0	2	3	0
Tuba City	89	11	23	2	6	0	4	4	1	14	1	3	3	11	4	2
Blind Clients	37	8	13	2	12	0	1	0	0	1	0	0	0	0	0	0
TOTAL:	439	33	132	37	108	6	6	20	2	30	3	9	9	15	20	9

371 Severely Disabled

84.5% Severely Disabled

SUCCESSFUL REHABILITATION CLOSURES IN SEVEN MONTH PERIOD
(August 1982 - March 1983)

JOB TITLE:

Sheltered employment
Stock Boy
Drafting Assistance
Fiberglass Moduler
Computer Operator
Maintenance Man
Alcoholism Guidance Counselor
Cashier Clerk
Para-Legal Advocate
Pastor
Dishwasher
Truck Operator
Clerk Typist
Construction Carpenter Aide
Residential Aide
Welder
Assistant Manager

Number of clients awaiting VR services: Sixty-three (63)

E. NAVAJO NATION STATUS SYSTEM:

Navajo Vocational Rehabilitation Program Status. Provision for native healing services include as authorize by Public Law 95-602, Title I, Part D, Section 130, 1362.45 "Projects for American Indian Vocational Rehabilitation Services."

Status 00. REFERRAL This is the date client is first brought to the attention of Vocational Rehabilitation.

STATUS 02. APPLICANT A referred individual becomes an applicant when the applicantion document requesting vocational rehabilitation services is signed. Native healing service diagnostic provision.

STATUS 06. EXTENDED EVALUATION An applicant is placed in extended evaluation if counselor certifies: 1) the presence of a handicap to employment, and 2) an inability to make a determination that services might benefit the client unless there is an extended evaluation to determine rehabilitation potential. A case may remain in status 06 no longer than 18 months. Native healing service provision.

STATUS 08. CASE CLOSED FROM REFERRAL, APPLICANT OR EXTENDED EVALUATION A case is closed in status 08 if client does not meet the basic eligibility requirements to be accepted into status 10.

STATUS 10. IWRP DEVELOPMENT After establishing the presence of an employment handicap and the reasonable expectation services will benefit the client in terms of employability, a case is placed in status 10 while case study and diagnostic are completed to provide the basis of a rehabilitation program.

STATUS 12. IWRP READY FOR IMPLEMENTATION A case is placed in status 12 when the rehabilitation program is written and approved and until such time as at least one service has been initiated.

STATUS 14. COUNSELING AND GUIDANCE ONLY Under a rehabilitation program, counseling and guidance by the Vocational Rehabilitation Counselor and placement are the only services which may be provided in this status.

STATUS 16. PHYSICAL AND MENTAL RESTORATION A case is placed in status 16 at the time restoration services are initiated. Training may be provided simultaneously with restoration in status 16 if the restoration service is expected to run for the longer period of time. Native healing service provision.

STATUS 18. TRAINING The case is placed in status 18 when training services are initiated. Restoration services may be provided simultaneously with training in status 18 if the training is expected to run for the longer period of time.

STATUS 20. READY FOR EMPLOYMENT The case is placed in status 20 when the rehabilitation program has been completed or terminated and client is ready to accept employment.

STATUS 22. IN EMPLOYMENT The case is placed in status 22 when client actually begins employment.

STATUS 24. SERVICE INTERRUPTED The case is placed in status 24 when services are interruped in statuses 14, 16, 18, 20 or 22. The case remains in status 24 until client returns to one of these statuses or case is closed.

STATUS 26. CLOSED REHABILITATED Case is closed status 26 when client has been provided all appropriate services, the rehabilitation program has been completed insofar as possible, and client has been suitably employed for a minimum of 60 days.

STATUS 28. CLOSED NOT REHABILITATED AFTER PROGRAM INITIATED A case is closed status 26 if at least one service was provided (status 14, 16 or 18) but client is unable to continue the program.

STATUS 30. CLOSED NOT REHABILITATED BEFORE PROGRAM INITIATED A case is closed status 30 if client was accepted for services (status 10 or 12) but was unable to actually begin a rehabilitation program.

WRITTEN TESTIMONY SUBMITTED ON BEHALF OF THE NATIONAL ASSOCIATION OF COUNTIES (NACO)* TO THE SENATE SUBCOMMITTEE ON THE HANDICAPPED AND THE HOUSE SUBCOMMITTEE ON SELECT EDUCATION IN REGARD TO AUTHORIZATION OF THE REHABILITATION ACT OF 1973.

THE NATIONAL ASSOCIATION OF COUNTIES WOULD LIKE TO THANK YOU FOR THIS OPPORTUNITY TO SHARE OUR VIEWS AND CONCERNS REGARDING REAUTHORIZATION OF THE VOCATIONAL REHABILITATION ACT OF 1973.

NACo CONTINUES TO SUPPORT EQUAL OPPORTUNITY FOR HANDICAPPED AMERICANS IN ALL ASPECTS OF AMERICAN LIFE, INCLUDING EMPLOYMENT, PROGRAMS, ACTIVITIES, EDUCATION AND SERVICES. WE FEEL THAT THE PROGRAMS FUNDED THROUGH THE VOCATIONAL REHABILITATION ACT HAVE PROVIDED A GOOD BEGINNING TOWARD THE PROMOTION OF SELF-SUPPORT AND SELF-RELIANCE OF DISABLED PERSONS.

ALTHOUGH VOCATIONAL REHABILITATION PROGRAMS ARE, FOR THE MOST PART, FUNDED AND ADMINISTERED THROUGH THE STATE LEVEL, THESE PROGRAMS HAVE HAD A SIGNIFICANT AND BENEFICIAL IMPACT ON COUNTY GOVERNMENTS AND CONSTITUENTS. MOST COUNTIES NOW DIRECTLY REFER DISABLED PERSONS WHO NEED INFORMATION OR ASSISTANCE WITH TRANSPORTATION OR EMPLOYMENT CONCERNS TO VOCATIONAL REHABILITATION AGENCIES. IN MANY STATES, THERE ARE VIRTUALLY NO OTHER SERVICES SPECIFICALLY GEARED TO MEET THE NEEDS OF DISABLED PERSONS AVAILABLE FOR ADDITIONAL

---

*NACo IS THE ONLY NATIONAL ORGANIZATION REPRESENTING COUNTY GOVERNMENT IN AMERICA. ITS MEMBERSHIP INCLUDES URBAN, SUBURBAN, AND RURAL COUNTIES JOINED TOGETHER FOR THE COMMON PURPOSE OF STRENGTHENING COUNTY GOVERNMENT TO MEET THE NEEDS OF ALL AMERICANS. BY VIRTUE OF A COUNTY'S MEMBERSHIP, ALL ITS ELECTED AND APPOINTED OFFICIALS BECOME PARTICIPANTS IN AN ORGANIZATION DEDICATED TO THE FOLLOWING GOALS: IMPROVING COUNTY GOVERNMENT, SERVING AS THE NATIONAL SPOKESMAN FOR COUNTY GOVERNMENT; ACTING AS A LIAISON BETWEEN THE NATION'S COUNTIES AND OTHER LEVELS OF GOVERNMENT, AND ACHIEVING PUBLIC UNDERSTANDING OF THE ROLE OF COUNTIES IN THE FEDERAL SYSTEM.

REFERRALS OF THIS KIND. VOCATIONAL REHABILITATION OFFICIALS OFTEN PARTICIPATE IN VARIOUS COMMUNITY RELATIONS ACTIVITIES SUCH AS INTER-AGENCY COMMITTEES AND BOARDS WITH COUNTY OFFICIALS. VOCATIONAL REHABILITATION OFFICIALS OFTEN SERVE ON PRIVATE INDUSTRY COUNCILS AND LOCAL CHAMBERS OF COMMERCE. THESE KINDS OF FORMAL INTERAGENCY LINKAGES ASSIST COUNTIES TO EFFECTIVELY SERVE DISABLED CONSTITUENTS BY PROVIDING PERSONS WITH EXPERTISE IN HANDICAP EMPLOYMENT ISSUES.

VOCATIONAL REHABILITATION STAFF ASSIST COUNTIES WITH CONSULTATION REGARDING ARCHITECTURAL ACCESS QUESTIONS OR QUESTIONS RELATING TO MODIFICATION OF EQUIPMENT FOR HANDICAPPED EMPLOYEES. IN MANY CASES, SUCH AS SANTA CLARA COUNTY, CA, THE STATE VOCATIONAL REHABILITATION AGENCY PROVIDES FUNDS TO SUPPORT A LOCAL INDEPENDENT LIVING CENTER. SANTA CLARA COUNTY ALSO PROVIDES FUNDING TO THIS CENTER IN RECOGNITION OF ITS VALUE TO COUNTY CONSTITUENTS. OTHER COUNTIES UTILIZE VOCATIONAL REHABILITATION'S PROVISION OF INTERPRETER SERVICES TO HEARING-IMPAIRED STUDENTS OF COMMUNITY COLLEGES.

NACo IS CONCERNED TO NOTE THAT, ALTHOUGH VOCATIONAL REHABILITATION PROGRAMS HAVE NOT RECEIVED SIGNIFICANT CUTS IN FUNDING, THE PURCHASING POWER, DUE TO INFLATION, HAS BEEN REDUCED STEADILY SINCE 1975. THE NUMBER OF CLIENTS SERVED BY VOCATIONAL REHABILITATION HAS STEADILY DECREASED SINCE 1979.

AT THE COUNTY LEVEL, THIS DECREASE HAS RESULTED IN A NOTICEABLE CUTBACK IN SERVICES TO COUNTY CONSTITUENTS. WHILE STILL PROVIDING DIRECT REFERRAL TO VOCATIONAL REHABILITATION, COUNTY OFFICIALS NOW CAUTION DISABLED CALLERS THAT THEY MAY NOT RECEIVE THE SERVICES THEY NEED. OFFICIALS HAVE NOTED THAT VOCATIONAL REHABILITATION CASES ARE SOMETIMES CLOSED PREMATURELY, LEAVING DISABLED PERSONS NOT READY FOR

COMPETITIVE EMPLOYMENT AND WITH NO OTHER ALTERNATIVE FOR ASSISTANCE. A RECENT INSTANCE OF THIS OCCURRED IN MONTGOMERY COUNTY, MARYLAND WHEN GRADUATES OF MAINSTREAMED PUBLIC EDUCATION CLASSES WERE DENIED VOCATIONAL TRAINING.

DISABLED PERSONS UNABLE TO RECEIVE VOCATIONAL TRAINING ARE NOT ABLE TO FIND COMPETITIVE EMPLOYMENT. THE END RESULT IS THAT DISABLED PERSONS WHO ARE CAPABLE OF SELF-SUFFICIENCY BECOME BURDENS TO ALREADY OVERTAXED INCOME-SUPPORT PROGRAMS. POTENTIAL TAXPAYERS BECOME RECIPIENTS OF FEDERAL, STATE AND COUNTY ASSISTANCE.

NACo URGES YOUR SUBCOMMITTEE TO CAREFULLY REVIEW THIS SITUATION AND TO BEGIN TO PROVIDE APPROPRIATIONS AUTHORITY THAT REFLECTS INCREASES IN THE CPI TO VOCATIONAL REHABILITATION PROGRAMS. THIS ACTION WOULD ASSURE COUNTIES THAT THE LEVEL OF VOCATIONAL REHABILITATION SERVICES WILL REMAIN CONSTANT.

TESTIMONY

of

Stan L. Marshall

prepared for the

SUBCOMMITTEE ON THE HANDICAPPED

of the

Committee on Labor and Human Resources

United States Senate

April, 1983

Testimony on the Rehabilitation Act

Introduction: my name is Stan L. Marshall, and I am very appreciative to the Subcommittee for providing me with the opportunity to testify on the reauthorization of the Rehabilitation Act of 1973, as amended.

As a brief background, I am 30 years of age, use a wheelchair for mobility, and have among other handicaps, a progressive, degenerative joint disease. I am a Management Consultant, with over a decade of experience, primarily in the public and non-profit sectors.

It is my understanding from Senator Stafford's office that these particular hearings cover all Titles of the Rehabilitation Act, except Title V and other related civil rights laws for the handicapped. I find this both disturbing and unfortunate, both in light of the Administration's proposed legislation.and their attempts at "easing the burden" of the Affirmative Action regulations, and, as I stated in a letter to Senator Stafford on March 5, 1983, "...if there is not adequate enforcement, then...laws amount to nothing more than cluttering up the U.S.C. .".

Put another way, what good does it do to rehabilitate someone, if that person can not be employed because they can't get through the door? And realistically Senators, that is but one of the innumerable examples of discrimination that are faced daily by the handicapped.

You have however, I am sure, heard this before; so let me try to put this discrimination into a personal perspective. The below listed events are not a compendium of numerous people's experiences, or anything resembling a complete list; rather they are but a few of the more notorious examples that I myself have experienced in just the last year:

a) due solely to my physical handicaps I have lost two jobs since January, 1982: one by direct termination after requesting a meeting to explore accommodations, and one because a landlord refused to allow a computer consulting firm to construct (and pay for) a wheelchair ramp;

b) the elementary school our two children attend has no provisions for (nor will they consider any) to make programs and field trips accessible to me, thus denying me the opportunity to take an active role in the children's school and education; and

c) despite the millions of federal dollars that were used to construct the pedestrian mall in Burlington, Vermont, there iw not a single store that I can get into.

The above discussion is critical to an understanding of where the Rehabilitation Act needs to change.

As any person who has run for public office is well aware, our society places great emphasis on an individual's "image"; and I would submit to you Senators, that one of the underlying causes of prejudice and discrimination is the fear that is generated by the current images and stereotypes evoked by the word "handicapped".

For example, one of the secondary effects of the degenerative process I live with is the spasming of my legs and arms, and thus, a medically correct label that could be applied would be that I am a spastic. I would well imagine however, that that term conjures up a picture of a person with twisted and deformed limbs, strapped into a wheelchair, unable even to hold their head up, and totally dependent on others for all personal care. Yet I can assure you that I bear absolutely no resemblance to that; in fact, if you were to see me sitting, on say a couch, you would be unable to tell that I had any handicaps.

Now certainly, some people will fit the stereotype——it is after all the nature of myths that they tend to have some basis in truth——but the fact of the matter is that most handicapped people are neither repulsive to look at, nor totally dependent on others to survive. To quote a well-worn slogan, "disability does not mean unable.".

It is my firm belief, borne out by experience, that a dual thrust is needed to help change this underlying attitude: self-help approaches, and imaging. Thus, the rest of this testimony will be geared to making suggestions for specific changes in the Rehabilitation Act within the framework of these two concepts.

Title I - Vocational Rehabilitation Services: let me start off this section by saying that I am speaking to this from direct experience, as I was a client for nearly 3 years. I will also state that though I am not ashamed of having received services, there is no question that there are two negative public perceptions associated with vocational rehabilitation: 1) people who are/were clients are 'retarded', 'dependent', and 'crippled' individuals who receive condescending pity; and 2) that VR agencies are the dumping ground for the handicapped by all other agencies (the thrice received response from the local employment service office after stating that I was handicapped and inquiring about accessible services was, "Have you been to VR?"!).

Part of this image problem has to do with the terminology so often used, both by professionals and lay persons alike. These terms range from 'crippled' (a hopeless case), to 'wheelchair-bound' (chained to a restrictive device), to 'disability' (focusing on lost usages), to 'rehabilitation' (the same term used in conjunction with prisons——and what crime have the handicapped committed?).

This is by no means a minor or semantical point, and goes to the heart of the imaging concept discussed earlier. A recent letter published in the quarterly journal, "Accent on Living", by Bob Peters states this succinctly:

> 'Names' alienate, isolate, degrade....Two things can happen when 'labels' are used: 1) a hostile, alienated feeling adversely affects the (handicapped person); 2) the (non-handicapped) innocently perpetuate that hostile alienation and foster a distorted picture of human beings.

Title I, Recommendation 1: a change in terminology is necessary, as exemplified by the following:

T.I., R. 1.1: change the name of the legislation to The Handicapped Restoration Services Act;

T.I., R. 1.2: delete all references to the word "disabled", and substitute in lieu thereof, "handicapped";

T.I., R.1.3: change the name from 'Vocational Rehabilitation' to 'Restoration Services Agency'; and

T.I., R. 1.4: change the word "client" to "recipient of services".

Beyond terminology, these word changes must reflect the reality of the restorative process; in the words of Dr. Julian S. Myers, Director of Rehabilitation Counselor Training, Graduate School, University of Cincinnati,

> Social, psychological, economic, and vocational factors are often of major importance in causing, intensifying, or prolonging illness. The converse is equally true: Prolonged illness and chronic (handicapping conditions) affect the individual psychologically, socially, and economically; they influence his work adjustment, his educational accomplishment, and his family life.

Any worker can confirm this, as can the handicapped themselves; it is not merely a 'do-gooders' theory. Thus, the current VR agencies must, by the vary nature of the restorative processes, deal with much more than just the specific focus of "getting a job". However, before I make any recommendations in this vein, let me assure you that this is not a plea to expand the bureaucracy or to increase funding levels above the present.

T.I., R. 2: Consider the development of a broader view of restorative services, such as,

T.I., R. 2.1: recognize legislatively that the restorative process (especially for the more severely handicapped) will take 3 to 5 years;

T.I., R. 2.2: add to Title I, §102(b), a requirement that each Individualized Written (Restorative Services) Plan shall cover the areas of social, educational, emotional, family, recreational, and employment related services such that the Plan represents an intergrated whole (to re-emphasize, this is not additional "red tape", rather it is a restructuring of the existing IWRP); and

T.I., R. 2.3: in recognition of the long-term process involved, the bureaucratic evaluation of recipient performance can not be restricted to the black or white situation of whether or not a recipient of services was "successfully closed", and credit must therefore be given to the counselors and casework performed in a given year that, for that year, has accomplished the goals and tasks set forth in the IWRP.

The final part of the imagining concept under Title I relates to who receives services. Over the past 6 to 10 years the focus and priority has been on working with the most severely handicapped.

Though the reasons for this are clear and generally valid, two distinct problems have arisen: 1) a significant number of handicapped individuals have "fallen through the cracks" because they do not meet the "most severely" test, yet still have a legitimate need for assistance; and 2) the public has gone from totally ignoring the handicapped, to the attempts at mainstreaming the most severely handicapped, without any acclimation period, thus fostering their 'worst fears'.

To alleviate this, without retreating from the goals and commitment of achieving the total incorporation of the handicapped as fully participating members of society, the following is recommended as a habituating device:

T.I., R. 3: that each State that receives funds under the Act shall provide at least 12½ per centum, but not more than 15 per centum, of such funds for services to the less severely handicapped, which shall be defined based on existing functional ability and a duration of services lasting not longer than one year.

Turning to the self-help approaches mentioned in the Introduction, a useful place to start is by defining what I connotate by the term. Firstly, self-help is both a process as well as specific activities and tasks. Secondly, the emphasis is on direct consumer involvement, training, and readily transferable skills. Finally, self-help approaches as a rule, are more responsive to individual needs, and provide a significantly higher level of the "intangible" benefit of increased self-esteem.

T.I., R. 4: add to Title I, §103, language requiring that wherever feasible, and to the **maximum** extent possible, all provided services shall be of a self-help nature; examples include:

4.1 training manuals/brochures covering equipment selection and maintenance, design and construction of adaptive aids and equipment, self-care (dressing, feeding, bathing, home chores, etc.), and adaptations and techniques for daily living, with emphasis on amputees and the mobility-impaired;

4.2 workshops and other training devices to teach the requisite management skills for managing the individual's handicap(s); and

4.3 the provision of specially trained animals to provide aide services to a handicapped person.

Though the best known of this later example is the 'seeing-eye' dog for the blind (Pilot Dog), monkeys are currently used by quadraplegics, dogs are used by the hearing-impaired, and most recently, a new organization, Support Dogs for the Handicapped, is training dogs to provide a variety of assistance to people with functional limitations, including pulling wheelchairs up ramps, opening doors, and summoning help in an emergency.

To conclude the discussion of changes to Title I, several recommendations that combine elements of the imaging and self-help concepts should be mentioned.

As part of the requirements for approval of funds and the State Plan (§102), the following need to be added:

T.I., R. 5: the State Plan shall be drafted, reviewed, and evaluated on an annual basis with the assistance and direct involvement of consumers and the providers of services, including but not limited to, past and present recipients of services, past and present service providers, and recipient counselors; provided that no benefit shall directly inure to a participating recipient of services or provider of services, and further provided that direct involvement of consumers shall not be limited to organizations representing the handicapped;

T.I., R. 6: each State shall have one handicapped individual, with emphasis on "visible" handicaps, within the State Executive Branch to coordinate and further employment opportunities for the handicapped, affirmative action, and the publicity and implementation of the World Program of Action of the United Nations Decade of Disabled Persons, said position may be funded by the State, receive assistance under this Part, or under Title VI, Part A, of this Act;

T.I., R. 7: all State activities and programs provided, contracted for, or assisted under this Act shall be, at a minimum, programmatically accessible to all handicapped individuals;

T.I., R. 8: the State, as part of the annual State Plan, shall provide specific written details of the methods and processes used to implement the accessibility and affirmative action requirements under Title I, §101, the actions still required, and the timetable(s) for implementation;

T.I., R. 9: the failure to comply with the requirements of (T.I., R. 8) or the other requirements of Title I, §101, shall be deemed a rebuttable presumption of discrimination, shall be deemed just cause for, and shall result in the termination of federal financial assistance until such time as the deficiencies are corrected & past practices redressed;

T.I., R. 10: change the wording in §101 such that a more stringent requirement is imposed for guaranteeing compliance with the requirements than the currently stated "satisfactory assurances to the Commissioner"— as an example, many of Vermont's VR offices are not physically accessible to the mobility-impaired, or to the best of my knowledge, not staffed with bilingual personnel to serve Vermont's large francophone population, the existing "assurances" notwithstanding; and

T.I., R. 11: Innovation and Expansion Grants shall be prioritized such that self-help projects, as discussed under T.I., R. 4, are given priority and the majority of I & E funds, with the additional provision that all I & E grants must produce products that are readily transferable to other handicapped individuals, organizations, and service providers on at least a regional scale.

Though some of the recommendations discussed for Title I are basically strengthening of existing language, there is no doubt of the need for these changes.

For example, §101 (6)(A) provides for an affirmative action requirement as set forth in §503, yet I have received letters from the State of Vermont, Department of Personnel, which state,

> We are not subject to...affirmative action....The state's commitment to any form of affirmative action is purely voluntary and (is)...not from federal requirements.

If my experience of the Departments of Labor and Education under §504 are any indication, and the failure to receive responses to my letters would seem to indicate such, it will be years before a ruling will be issued, let alone correction is made. I submit therefore, that the need for the types of recommendations contained herein is real and pressing.

Title II - Research: basically, a single recommendation is made, again geared to self-help being the funding priority.

T.II., R. 1: the United States has the capacity, and should have the goal of, becoming the world leader in the research, development, and demonstration of adaptive equipment and techniques at affordable prices, and thus the Institute (§202 (a)) shall give priority to, and the majority of it's funds shall go towards, the reasearch to meet this goal by the end of the United Nations Decade of Disabled Persons (1992).

The rationale for such an approach is straight-forward: there is no doubt that many aids can "replace" or supplement functional abilities lost, but at the same time, prices for these devices are exhorbitant and do not reflect the actual costs involved, thus putting such of this needed equipment out of the reach of many, with the result that many handicapped people are more restricted than necessary. Some examples will illustrate this:

1.1: wheelchair manufacturers charge between $50. and $80. each for anti-tipping devices and brake handle extenders, I made them both for $3.50 worth of copper tubing;

1.2: 'floatation' cushions for wheelchairs, designed to prevent ulcers, sell for between $100. and $300., I made mine for $25.00 worth of materials—a 3" thick foam cushion topped by a canvas air pillow;

1.3 the minimum price for an electric wheelchair is $2,000., and that minimum is the same whether or not it is the complete, new chair, or simply the conversion parts bought to upgrade an existing manual chair; and

1.4: though there is no reason I can not be totally independent, including the ability to drive, it would cost at least $17,000. to equip me with a basic, yet appropriate electric wheelchair and van (to say nothing of the annual maintenance, depreciation, and total replacement every 5 to 7 years).

Moreover, such an approach would clearly have a beneficial impact on the U.S. economy, job creation, and the creation of new businesses; and of course, there is the potential world market by virtue of the hundreds of millions of handicapped people world-wide.

Title III - Supplementary Services and Facilities: for a variety of reasons, including a personal bias against institutions, I will limit my testimony on this Title to the comments I made in connection with T.I., R. 3, viz, that a certain per centum of the less severely handicapped be eligible for services under Title III, in order to foster public acceptance of handicapped individuals in society.

Title IV - National Council on the Handicapped: again restricting my comments to some previously made, in this case at T.I., R. 5, which mandates direct consumer involvement in planning, reviews, and evaluations. Considering part of the National Council's responsibilities include, "...recommendations...respecting ways to improve research...services...and faciliting the implementation of programs...." there is no better qualified expert than the handicapped themselves——especially those that have been through the restorative process and bureaucracy of the current VR system.

Title V - Miscellaneous: in discussing this Title I will depart, I hope understandably so, from the more 'intellectual' approach that characterizes the rest of this testimony, as the subject of civil rights, and the discrimination faced everyday in all aspects of living by handicapped people, is clearly a more personal and thus emotional issue.

As I stated in the Introduction, and will re-emphasize here, laws without proper and adequate enforcement are just so much clutter. Thus, if the purposes of this Act are to ever see fruition, the concept of a "guarantee of equal opportunity" must be made an implementable part of the legislation, and not the window-dressing it currently is.

Senators, over 200 years ago the Constitution of the United States was established to "establish Justice"; and on April 9, 1866, 42 U.S.C. §1981 was added:

> All persons within the jurisdiction of the United States shall have the...equal benefit of all laws and proceedings for the security of persons and property...and shall be subject to like punishments, pains, penalties, taxes, licenses, and extraction of every kind, and to no other.

Despite these flowery words however, the 40+ million Americans with handicaps still have no practical, working assurance that they will be considered and treated as an equal member of society; the fact that we pay taxes and are subject to the same responsibilities as every other person notwithstanding.

In the Introduction, I listed three personal examples of discrimination, covering employment, family life and education, and commercial enterprise. These occur, aside from the underlying attitudes the recommendations in this testimony seek to address, for two primary reasons: 1) there are totally insufficient laws to "guarantee" equality to the handicapped; and 2) there is totally insufficient——and in some cases no——enforcement of the existing laws.

Take a look Senators, at the laws, Constitution, and practicalities:

V.1: Equal Employment Opportunity excludes by law the handicapped;

V.2: Equal Opportunity Lender excludes by law the handicapped;

V.3: the guarantee of voting rights, excludes by law and the Constitution, the handicapped;

V.4: the right to housing excludes by law the handicapped;

V.5: the various federal Departments are required by law to prevent and correct discrimination against the handicapped——yet a year after a Class Action complaint was filed against the Vermont Department of Employment & Training, and 9 months after the first letter of non-compliance was issued by the Region I office, no formal, written initial determination has been released;

V.6: an employer terminates me after I suggested, "a good first step might be a meeting...to explore potential solutions." for accommodations——and I have no right to take the matter to court, and the "responsible" federal agency (OFCCP) took a full year just to assign an investigator (of course, nothing has happened since that appointment 4 months ago);

V.7: the Congress passes 'emergency jobs legislation', yet with almost all the monies earmarked for construction, few if any jobs will go to handicapped people——especially if the building where one must go to register is not accessible;

V.8: despite current §503 regulations which require it, not a single Vermont bank is accessible or practices affirmative action;

V.9: the only college in Vermont that offers a two-year technical program in computer science and engineering technology has exceedingly limited physical accessibility, and no programmatic accessibility;

V.10: there is not a single Vermont state agency that has programmatic access, despite the almost total lack of physical accessibility——perhaps due to the fact that most Vermont courts are also inaccessible; and

V.11: the Office of Civil Rights, Department of Education informs me in the process of "handling" a complaint, that their procedures manual allows them to "translate" written complaints and "determine the essential issues", the District Court of D.C.'s court order notwithstanding.

And again, Senators, this is not even a complete subject listing of the daily discrimination we must cope with: it doesn't mention the lack of accessible transportation, it doesn't talk about all the movies, plays, concerts, and other cultural events we can't get into, it doesn't discuss the lack of accessible recreation and social activities available——even the Medical Center Hospital of Vermont, despite it's having the "University Associates in Rehabilitation", is not physically accessible.

Thus, if the Decleration of Purpose contained in the Act is to be realized, the following must be done:

T.V., R. 1: amend the current civil rights and equal opportunity laws in housing, voting rights, education, transportation, financial, employment, social, recreational, cultural, health, and all other aspects of daily living to specifically include the handicapped as a covered class;

T.V., R. 2: require affirmative action in anything that receives or benefits from federal assistance, regardless of whether it is direct or indirect, and regardless of the type;

T.V., R. 3: legislatively mandate a commitment to a totally barrier-free environment by the end of this century, and until that goal is achieved, full programmatic access must be guaranteed and implemented;

T.V., R. 4: to assist in implementing R. 3 above, full and continuing funding and authority must be granted to the Architectural & Transportation Barriers Compliance Board;

T.V., R. 5: legislatively mandate that a tripartite complaint classification be implemented, including associated investigatory and compliance determination priorities, as follows:

> 5.1: emergency complaints——any complaint, written or otherwise, that results or threatens to result in the reduction or denial of services;
>
> 5.2: procedural complaints——any complaint, written or otherwise, the result of which is a "technical" violation that has no negative impact whatsoever on achieving the purposes of this Act or other nondiscrimination laws; and
>
> 5.3: other complaints——any complaint, written or otherwise, that is neither an emergency or procedural complaint;

T.V., R. 6: expand the permissible administrative complaint process such that a "block" complaint covering several recipients, such as when more than one recipient shares a single facility, may be filed;

T.V., R. 7: specify legislatively that a private right of action does exist for any discrimination or discriminatory practice, and that further, administrative remedies need not be exhausted prior to commencing an action at law;

T.V., R. 8: fully implement the related recommendations specified in T.I., R. 5 through 10 inclusive;

T.V., R. 9: mandate full tachnical assistance be provided to all groups, individuals, agencies, and service providers involved in the restorative process, and move such section (§506) to a new Title, VIII, "Miscellaneous"; and

T.V., R. 10: change the existing name of Title V to, "Equality and Enforcement Provisions", with adequate funding to carry out all the provisions.

Of course, there will be a knee-jerk reaction that these recommendations will be "too expensive" and will place an "undue and unfair burden" upon recipients; to be polite about it, those are totally false issues.

Firstly, regardless of any expense——and the handicapped know first hand the actual costs of handicaps——civil rights do not have a price tag: this is either a free, democratic, and open society, or it isn't.

Secondly, there is no excuse whatsoever that where physical access is not the most feasible, cost-effective option, that full and complete programmatic access should not have (already) been implemented.

Thirdly, this is by no means a situation where the handicapped have not been discriminated against and the government is stepping in to prevent some theoretical occurrence in the future. Rather, the need for these protections is simply the logical and responsible consequences of the existing, continual, and gross discrimination that has been, and continues to be, faced by the handicapped.

And finally Senators, let us be very clear about one thing: these recommendations are not made to request special treatment, or a handout, or to be exempted from the rules. On the contrary, the handicapped want, need, yea, demand to be treated the same as any other human being. Don't hire me because I'm handicapped, but neither deny me an equal chance to compete simply because I am in a wheelchair.

Title VI - Employment Opportunities for Handicapped Individuals: much of the rationale for the recommendations for this Title have been discussed in Title I, and will not be repeated here.

T.VI., R. 1: that the provisions of §611 (b)(1)(A) be changed to require only handicapped individuals to be employed, especially as "technical, administrative, or supervisory personnel for a project";

T.VI., R. 2: that the definition of "attendant care" (§616 (3)) be expanded to include "services provided to assist physically handicapped individuals to obtain, participate, and remain in employment"——it does absolutely no good to say to someone who uses a wheelchair that they have an 'opportunity for employment', and then not make it possible for them to get to or into a work site;

T.VI., R. 3: unfortunately, the placement services referrenced in §611 (L) are usually handled either as an after-thought, or as a hopeless but necessary "string" to get the federal dollars, especially in the numerous areas of the country where very, very few jobs are accessible, and thus the placement service requirement must be emphasized, strengthened, and focused on as a primary goal of the project;

T.VI., R. 4: most 'job programs' focus on unskilled or semi-skilled production line or clerical jobs, which totally ignores the fact that there are highly skilled workers who also happen to be handicapped, but for a multiety of reasons——economic, inaccessibility, prejudice, lack of attendant assistance——can not obtain employment, and thus both Parts A & B of Title VI must require an equitable distribution of employment opportunities among all skill levels, including technical, management, retail, para-professional, and professional;

T.VI., R. 5: as rural areas have a higher incidence of unemployed handicapped workers*, and a greater need for aids in such areas as accessible housing and transportation, the emphasis on the distribution of funds and services must be based on need, beyond the minimal equity formula contained in §615;

T.VI., R. 6: as previously discussed under T.I., R. 3, and Title III, a minimum per centum of the funds (approximately 12½% to 15%) needs to be allocated to the less severely handicapped; and

T.VI., R. 7: all employment under Parts A & B shall be in job classifications that are projected to have an increasing demand for workers, as projected by the Department of Labor, Employment Opportunities Outlook Bulletin.

Title VII - Comprehensive Services for Independent Living: the concept of independent living is worthwhile, necessary, and as basic a societal right as is freedom of expression or the due process of law. Yet I do not believe that the current legislative wording can promote true independent living. The primary reason for this belief is that the services and providers are operating under a false assumption: that the handicapped, especially the most severely handicapped, are not capable of doing for themselves and/or that they are not capable of learning the process of independent living unless they are 'spoon-fed'.

I can assure you Senators, that this is not the case; and I am of the firm belief that the dual concepts of self-help and imaging that have been the thrust of my testimony are equally applicable to this Title as well.

---

* A 1980 study performed for the Vt. Agency of Human Services esti[illegible] 78% of Vermont's handicapped were unemployed, and that 75% of Ver[illegible] handicapped population used mobility aids.

T.VII., T. 1: the Comprehensive Services and requirements contained in Part are valid, but should not stand alone, rather, they should be incorporated and made a regular part of Title I, inclusive of the recommendations contained within this testimony;

T.VII., R. 2: minimal requirements to insure that Independent Living Centers (ILCs) are constituency-run and based, and operated in an open manner, must be established*, including,

2.1: all jobs must be advertised and the requirements of §503 and §504 shall apply;

2.2: each ILC shall maintain regular communication (such as a newsletter or audio cassette) with it's members, participants, recipients, and service providers, at least quarterly;

2.3: the Board of Directors shall create an open and published process for the election and removal of Directors, with elections held annually;

2.4: the mandating of minimal standards for information, referral, and resource services, including the preparation and dissemination of a compendium of information and resources available, and how people can apply/use same;

2.5 the emphasis in all advocacy and legal services to be on training individuals to perform such activities for themselves;

2.6 all activities will be geared to the self-help approach discussed fully in T.I., R. 4; and

2.7 each recipient shall have a proven record or demonstrated capacity to carry out a Title VII program, or in the case of a recently formed organization, the staff personnel shall each have a proven record or demonstrated capacity to perform the requisite activities and tasks under a proposed program;

T.VII., R. 3: at least one ILC shall be established in each State, and shall be entirely seperate from the State unit approved pursuant to Title

---

* The abuses of one such ILC are documented in a March 5, 1983 letter to Senator Stafford from the author of this testimony.

I, with selection in each State based on an open competative award process;

T.VII., R. 4: each ILC shall establish working linkages and referral processes between the State unit approved under Title I, contractors, recipients, agencies, and any other interested persons or organizations, and all state and federal agencies that offer services or provide benefits to low- and moderate-income persons, and to programs where handicapped persons may have an established priority;

T.VII., R. 5: each ILC shall provide technical assistance to handicapped individuals in services and benefits available in that particular State under the Act, including details of the existence of, and the process and application procedures for obtaining those services and benefits;

T.VII., R. 6: all services provided by an ILC shall be available to all handicapped individuals without regard to the degree or extent of the handicapping condition(s), provided that each ILC may establish a sliding scale fee arrangement based on the health service guidelines of ability to pay; and

T.VII., R. 7: in light of the above recommendations, it is further recommended that the term "Center for Independent Living" be changed to "Resource Center for the Handicapped".

Title VIII - Miscellaneous Provisions: in concert with recommendation T.V., R. 9, a new Title VIII would be created, and would contain the following:

T.VIII., R. 1: there is a need for national legislation that outlaws the banning of, or other forms of discrimination against, specially trained animals used to assist the handicapped in all areas of daily living, including housing, transportation, employment, retail shopping, health centers, education, and the like; and the need is demonstrated by a recent example reported to me by a Director of Support Dogs for the Handicapped:

1.1: in making arrangements to fly to neighboring state to establish a new Support Dogs chapter, she was denied permission by the airlines to bring her Support Dog with her, despite the fact that some airlines will allow seeing-eye dogs, all airlines benefit from federal assistance, and the CAB has no rule preventing it;

T.VIII., R. 2: there is a clearly demonstrated need for wording that would mandate all States create an Interagency Committee on Handicapped Employees, similar to §501, and would be a requirement for the receipt of federal assistance;

T.VIII., R. 3: though I can well imagine the devastation I would feel if I were to become visually- or hearing-impaired, I fail to understand the appropriateness of the special funding provided in various sections of the Act——surely the exhorbitant cost to allow people with handicaps similar to my own to become mobile (at least $17,000), or the $3,500 it takes to train and provide a Support Dog for the physically handicapped are equally as deserving as those in need of braille or interpreter services——thus in the interest of fairness, those allocations need to be either eliminated, and the money put into Titles I & VII, or extended to the other segments of the handicapped population with special or high-cost needs;

T.VIII., R. 4: the information clearinghouse enabled in §15 must be mandated, as well as made open, accessible, and readily usable by the public, especially the handicapped, with mandated linkages, referrals, and coordination with the Resource Centers for the Handicapped (as recommended in T.VII., R. 2 through 7 inclusive); and finally,

T.VIII., R. 5: the reauthorized Act needs to contain language supporting and adopting both the United Nations General Assembly's Resolution declaring 1983 to 1992 as the Decade of Disabled Persons (changing, of course, the word "Disabled" to "Handicapped"), and the World Program of Action, which calls on governments, organizations, and citizens to increase the participation by the handicapped in national and community life——this should also include limited funding to support publicity, information packets, and the creation and distribution of Public Service Announcements to encourage American participation in this global effort.

Summation: throughout the course of this testimony, I have attempted to take a long-term, positive view of the ways in which services to the handicapped can be improved; namely, by creating a framework that supports and encourages greater independence and self-sufficiency.

Though it is a change in direction, it is neither a radical, untried approach, nor inconsistent with the stated aims of the Administration. Nonetheless, almost any "new" method is likely to encounter resistance, as well as raise the false issue that "significantly more funding will be necessary to implement these revisions".

My experience, as well as the objective data available, clearly demonstrates however, that both the imaging and self-help concepts are workable and cost-effective. As just one small example of this, the Abenaki Indians of northern Vermont received an $80,000 "seed" grant under HUD's Neighborhood Self-Help Development Program in 1980. Less than a year later, 12 units of scattered-site housing had been constructed by and for the Abenakis; housing with a mortgage value of over $3 million. A 37½ to 1 return on the government's investment, and a source of perpetual pride to the entire community.

And perhaps the largest single key to this is that it is not a new or expanded bureaucracy that is being proposed here, but rather a redirection of the services: away from doing for, and towards working with so that the handicapped can once again do for themselves.

Respectfully Submitted, April 8, 1983 by:

Stan L. Marshall
125 East Hill Road
Williston, Vermont 05495
(802) 878-8706

EASTER SEAL GOODWILL INDUSTRIES REHABILITATION CENTER, INC.
20 Brookside Avenue, New Haven, Connecticut 06515-0176

History of Projects With Industry in New Haven, Connecticut

At the end of 1972, the Easter Seal Goodwill Industries Rehabilitation Center in New Haven, Connecticut was invited to participate in the Projects With Industry Program. Nationwide, the federal Projects With Industry Program, funded under the Rehabilitation Services Administration as found in the Rehabilitation Act of 1973 (Public Law 93-112) Section 304 (d), and also the Code of Federal Regulations, Chapter XIII of Title 45, Part 1326.43 got its start in 1971. The purpose of the Projects With Industry Program was to establish projects designed to prepare handicapped individuals, especially severely handicapped individuals, for gainful and suitable employment in the competitive labor market including training and employment in realistic work settings and such other services as are necessary for such individuals to continue to engage in such employment through contracts or jointly financed cooperative agreements made with employers and organizations.

The Projects With Industry Program presented a unique and challenging opportunity to bring about the employment of disabled individuals into the private competitive labor market. It was a major organized effort on the part of the Department's Rehabilitation Services Administration to invite the free enterprise system to serve as a full and equal partner in the rehabilitation process. Corporations, both large and small, as well as labor organizations along with private voluntary agencies and rehabilitation facilities were asked to provide meaningful leadership and development of training programs locked into employment commitment for disabled individuals. The Rehabilitation Services Administration shared in the costs of approved projects through contracts or jointly financed cooperative agreements in order to enlist the cooperation and participation of the private sector in innovative and creative programmatic approaches for accelerating the employment process involving disabled individuals.

The innovative provisions contained in the Projects With Industry concept offered employers an opportunity to employ, train, and furnish necessary services to disabled individuals. Identifiable costs or a pre-arranged price under a contact or jointly financed cooperative arrangement with the Rehabilitation Services Administration was defrayed by the Department of Health, Education and Welfare.

This project was unique in its concept in that the federal government was encouraging the full participation of private industry in the development of programs to train and help employ disabled individuals. Additional information regarding the federal Projects With Industry Program can be found in the attachment to this paper, as extracted from the Rehabilitation Services Manual under the Projects With Industry Section, No. 4085.01 throug 4085.16.

Since the program began in 1971 there have been approximately sixty programs financed through the Rehabilitation Services Administration. New Haven, as stated earlier, was funded from June of 1972 and was one of the first six projects in the country to receive this funding. The New Haven Rehabilitation Center's Projects With Industry was funded from June 30, 1972 and plans were formulated and initiated to be in full operation by September 1, 1972. In the initial year, the Rehabilitation Center solicited the support and commitment from over twenty companies from the Greater New Haven area pledging to train and hire handicapped individuals. In the fall of 1968 the Rehabilitation Center became an organization comprised of three separate and distinct non-profit organizations merged into one: The Easter Seal Society of New Haven; Goodwill Industries of South Central Connecticut; and the Rehabilitation Center of New Haven. The merger of these three distinct yet very compatible non-profit organizations allowed the business community to relate to one organization set up to serve the needs of the disabled individual.

The business contacts developed through these three separate and distinct organizations in just four years had provided the foundation necessary to launch a Projects With Industry Program. By 1971, the Rehabilitation Center had developed into a comprehensive outpatient rehabilitation facility providing services to handicapped individuals in physical therapy, occupational therapy, speech therapy, vocational assessment, vocational work adjustment, sheltered employment, skill training in twelve distinct occupations, all of which produced a potential work force just waiting for a place to "fit in" into the business and industrial community.

Since July of 1972, the Rehabilitation Center has maintained a creative job opportunities program for the severely handicapped. Through the years of evolution and refinement, effective methods and relationships have been developed to facilitate the training and/or placement of qualified handicapped workers into competitive job slots. Principals involved in this effective working relationship in New Haven are the employer community, specifically through the Advisory Council concept; the local and state offices of the Connecticut Divisio of Vocational Rehabilitation; and the Rehabilitation Center. This business/industrial/rehabilitation triangle provides for the natural flow of individuals through the system into competitive employment. The Rehabilitation Center in New Haven has always enjoyed an excellent relationship with both the state and the local offices of the Connecticut Division of Vocational Rehabilitation. These offices provided the referrals to the Rehabilitation Center, who in turn became the link with business and industry. For years (and this continues today) the business community has preferred to work with our local rehabilitation center. The main reason is the absence of "red tape". The Rehabilitation Center, in entering into a cooperative agreement with the Rehabilitation Services Administration in Washington for its Projects With Industry Program, is allowed to enter into on-the-job training contracts with employers and direct job placement with employers, and has assumed the responsibility for all of the paper work during this process.

As is the case with most of the individual Projects With Industry Programs throughout the nation, New Haven has its unique components. The New Haven Project has worked with any and all employers with the objective of attempting to match the skills of the disabled individual with the appropriate job in their community.

In 1968, The Rehabilitation Center operated some twelve training programs, and yet by 1974 were surprised that more individuals were not being placed in the competitive job market. A thorough evaluation was conducted, setting up the base for the Business Advisory Council. Business leaders from throughout the Greater New Haven area were asked to serve on the Advisory Council for the following reasons: (1) to evaluate the feasibility of the current training programs; (2) to evaluate the elimination or addition of training programs; (3) to identify job slots within their organization. With the evaluation of the training programs, many programs were eliminated as there was no longer the need for qualified trained individuals in the fields of work that were becoming obsolete ie: shoe repair, laundry, and dry cleaning, etc. With those training programs that remained, sub-committees were established to assist the Center in rewriting the curriculum based on industry standards. This perhaps was one of the most significant accomplishments of the Business Advisory Council in the New Haven area. For the first time we utilized business and industry to come into our facility, recommend elimination of training programs, and with those that remained, asked business to write the curriculum. The end result was a business-designed course of study for which business was committed, which in turn led to their commitment to hire qualified handicapped workers. From then until now, the Business Advisory Council continues to function at the Rehabilitation Center and the strongest of all these councils is the Computer Training Advisory Committee which began in December of 1975. This Advisory Committee continues to be a strong viable committee with input into the most sophisticated training offered, namely a program to train severely physically handicapped individuals as computer programmers. This particular training program which has seen six graduating classes with a placement rate of over 90% into jobs averaging $16,000 per year, would not have been possible without the total commitment and involvement of the Business Advisory Council. Yale University, since the program's inception, has donated all of the computer time and has allowed the Rehabilitation Center to be connected to the Yale University computer. The Southern New England Telephone Company, also since the program's inception, has provided free terminals hooked up to the Yale University computer. Perkin-Elmer Corporation of Danbury, Connecticut had provided, at no charge, two computer terminals, again hooked up to Yale's computer. There have also been numerous volunteers hours from the Business Advisory Council into the program, continuing to modify and refine the curriculum; monitor and refine the selection of students; monitor and recommend the refinement of equipment; monitor and help place these handicapped individuals in conjunction with the Projects With Industry staff.

From September 1st of 1972 through December 31 of 1982, 1,664 clients have been placed into competitive employment by the New Haven Projects With Industry Program. The retention rate for these individuals placed into competitive employment averaged 75% over these past ten years. The hourly average wage for those individuals placed in 1982 alone was $4.11 per hour. Funding for the Projects With Industry Program from 1972 to 1983 was slightly over $1 million with the amount of funding fluctuating year by year from a low of $50,760 in 1972 to a high of $150,000 in the years of 1976, 1977, and 1978.

Of the 155 clients admitted to the New Haven Projects With Industry Program during the first eleven months of 1982, 58% reported receiving some kind of subsidized income. Combined, they received approximately $594,000 in subsidized income during the previous eleven month period. Upon placement, these same individuals no longer received assistance, but instead paid back to the government, through income taxes, a total of approximately $340,000 annually. With their average age being thirty, it is reasonable to expect they will remain employed for approximately twenty-five years, which represents an additional income tax revenue totalling over $8.5 million, without taking into consideration any increase in salary during these twenty-five years. These statistics are not unique to New Haven, but rather statistics that are unique to Projects With Industry's concept. It has been quoted many times that the average cost of placing an individual through the Projects With Industry Program is $1,000 or less. In New Haven, for the past few years, it has been less - approximately $800 per individual. One can easily see, as we in New Haven have seen, that this program is cost-effective. In fact, for every $1.00 spent in rehabilitating an individual through the Projects With Industry Program in New Haven, over $8.50 has been returned to the government in the form of taxes.

A statistical breakdown of the Projects With Industry clients placed from September 1, 1972 through December of 1982 can be found on an attachment. In addition, the funding levels for the Projects With Industry Program in New Haven from 1972 through 1982 can also be found on the same attachment.

As the New Haven Projects With Industry Program enters its eleventh successful year, one cannot help but look back and reflect as to why this program has been successful. The reason is simple. An innovative program was conceived in Washington under the Rehabilitatic Services Administration using very few dollars, which allowed the Rehabilitation Center in New Haven to enter into a jointly financed cooperative arrangement with the Rehabilitation Services Administration to develop a unique and innovative program. The key to the success lies within the open reception the New Haven Easter Seal Goodwill Industries Rehabilitation Center received from the business/industrial community through the formulation of the Business Advisory Council. Without the help, assistance, and full cooperation of the business community in the Greater New Haven area, the project would not have succeeded.

EASTER SEAL GOODWILL INDUSTRIES REHABILITATION CENTER, INC.
20 Brookside Avenue, New Haven, Connecticut 06515-0176

PROJECTS WITH INDUSTRY CLIENTS PLACED FROM INCEPTION OF PROGRAM (NEW HAVEN)

September 1, 1972 through December 31, 1973......148.

1974 - 93

1975 - 108

1976 - 132

1977 - 176

1978 - 203

1979 - 230

1980 - 161

1981 - 205

1982 - 208

TOTAL CLIENTS PLACED: 1,664

FUNDING LEVELS - PROJECTS WITH INDUSTRY PROGRAM (NEW HAVEN)

1972 - $ 50,760
1973 - 56,250
1974 - 89,920
1975 - 108,750
1976 - 150,000
1977 - 150,000
1978 - 150,000
1979 - 100,000
1980 - 100,000
1981 - 95,173
1982 - 114,350

TOTAL FUNDING: $1,165,203.00

4085.01 Legal Basis

Rehabilitation Act of 1973 (Public Law 93-112) Section 304(d). Code of Federal Regulations, Chapter XIII of Title 45, Part 1362, Section 1362.43.

4085.02 Purpose

Contracts or jointly financed cooperative arrangements may be made with employers and organizations for the establishment of projects which are designed to prepare handicapped individuals, especially severely handicapped individuals, for gainful and suitable employment in the competitive labor market including training and employment in realistic work setting and such other services as are necessary for such individuals to continue to engage in such employment.

4085.03 Background

The Projects With Industry program presents a unique and challenging opportunity to bring about the employment of disabled individuals into the private competitive labor market.

It is a major organized effort on the part of the Department's Rehabilitation Services Administration to invite the free enterprise system to serve as a full and equal partner in the rehabilitation process. Corporations, both large and small, as well as labor organizations, along with private voluntary agencies and rehabilitation facilities, are asked to provide meaningful leadership in the development of training programs locked into employment commitments for disabled individuals.

The Rehabilitation Services Administration will share in the costs of approved projects through contracts or jointly financed cooperative arrangements in order to enlist the cooperation and participation of the private sector in innovative and creative programmatic approaches for accelerating the employment process involving disabled individuals.

The innovative provisions contained in the Projects With Industry concept offers employers an opportunity to employ, train and furnish necessary services to disabled individuals. Identifiable costs or a pre-agreed upon price under a contract or jointly financed cooperative arrangement with the Rehabilitation Services Administration will be defrayed by the Department of Health, Education, and Welfare.

The State vocational rehabilitation agency (or the State agency for the Blind) will be the on-the-spot link between the handicapped individuals being trained and the employer. The rehabilitation agencies will provide assistance and support in this joint endeavor, selecting handicapped individuals on the basis of their abilities and potential and help prepare them to fill job openings and be trained for upward mobility in the employer's establishment.

These guidelines contain instructions on the proper procedures for preparing an application, types of allowable costs, and methods and procedures for carrying out the objectives of this program--equally beneficial to handicapped individuals and employers.

The main thrust of the Projects With Industry program is to provide handicapped individuals with an equal opportunity to work and succeed as well as to share and contribute to the quality of life for all. Also, to demonstrate to employers and other employees that handicapped individuals can perform in the competitive labor market.

4085.04 Employers and Organizations

Employers and organizations with whom the Commissioner, RSA may execute a contract or cooperative arrangement include any industrial, business, or commercial enterprise; labor organizations; or employer, industrial, or community trade association; or association; or other agency or organization with the capacity to arrange, coordinate, or conduct training and other employment programs for the handicapped in a realistic work setting. Such training and employment programs shall include a planned and systematic sequence of training and instruction in occupational and employment skills, and provide reasonable assurance of gainful employment at the successful termination of such training and instruction. (Assurance must be given to the applicant that a specific number of appropriate jobs will be provided by the trainer or by similar enterprises for successful trainees.)

4085.05 Initial Inquiry

The State vocational rehabilitation agency (contact the Regional office for proper address) is the preliminary contact for prospective employers or organizations wishing to develop training and employment projects for disabled individuals under this authority. (Projects involve services for blind persons the vocational rehabilitation agency will inform and work with the appropriate State agency dealing with the visually handicapped.) State agency staff should encourage applications from employers and organizations which have particular expertise, capacity, facilities, and interest in preparing handicapped individuals for gainful employment through training in a realistic work setting. Employers and organizations interested in such projects are encouraged to discuss their ideas with State agency staff.

State agencies will be kept informed of the general level of funds available for such projects so that State agency staff will be in a position to determine whether exploration is feasible beyond a general exchange of information concerning on-the-job training needs and capability to provide training.

Federal program staff at the Regional or Central office level will collaborate with State agency personnel in providing technical advice related to the development of applications.

For a project covering more than one State, the Commissioner, RSA will be the initial point of contact who in turn will coordinate activities with appropriate State agencies and Regional representatives.

4085.06 Project Activities and Assignments

Projects With Industry may include, but are not limited to, such activities as the following: (a) The provision of on-the-job training for handicapped individuals; (b) the provision of prevocational and other job readiness training for handicapped individuals; (c) such special orientation for supervisors; foremen, and other personnel as might contribute to the training and continuing employment of handicapped individuals; (d) supportive services such as job coaching, basic education, personal adjustment training, and personal and job counseling to assist handicapped individuals to maintain themselves in employment; (c) the recruitment and employment of special placement personnel by employers or organizations to assist in the job placement of additional numbers of handicapped persons; (f) trail employment in industry or occupations as may be necessary to prepare handicapped individuals for competitive employment and/or to assist them to continue to engage in such employment.

4085.07 Matching Requirements

Applicants for Federal support shall be expected to match part of the costs of projects. The amount of the costs to be borne by the parties to the contract or arrangements will be a matter of negotiation.

4085.08 Federal Financial Participation

Federal financial participation within contracts or arrangements may be available for:

(1) The costs of job training and related vocational rehabilitation services;

(2) Instruction and supervision of trainees;

(3) Training materials and supplies, including consumable materials;

(4) Instructional aids;

(5) Excessive waste and scrap;

(6) Bonding fees, liability and insurance premiums;

(7) The purchase or modification of equipment adapted to the special capacity of handicapped individuals;

(8) Such minor alteration and renovation as are necessary to assure access to and utilization of buildings by the handicapped;

(9) Transportation;

(10) Staffing;

(11) Technical assistance; and

(12) Seminars and special conferences.

4085.09 Prior Assurances for Contracts and Arrangements

Prior to entering into a contract or a cooperative arrangement with an applicant, it will first be determined that there is:

(1) Concurrence with the project by the bargaining agent where there is a collective bargaining agreement applicable to the employer and the occupation;

(2) Reasonable assurance that the wage rate to be set for trainees will not tend to create unfair competitive labor cost advantages nor have the effect of impairing or depressing wage or working standards established for experienced workers for work of a like or comparable character;

(3) No abnormal labor condition such as a strike, a lockout, or other similar conditions, existing with respect to the applicant; and

(4) Reasonable assurance that the State agency will, to the maximum extent practicable, maintain a continuing relationship with the handicapped individuals to be served in the project in order to provide, or ensure the availability of necessary vocational rehabilitation services and related supportive services.

4085.10 General Provisions of Contracts and Arrangements

Any contract or arrangement entered into shall, in addition to standard provisions:

(1) Provide for adherence to the terms or conditions of employment prescribed by an applicable Federal, State or local law;

(2) Provide that determination by competent authority of failure to adhere to the terms or conditions required by subparagraph (1) of this paragraph shall constitute cause for termination of the contract or arrangement;

(3) Provide that the recruitment, examination, appointment, training, promotion, retention, or any other personnel action with respect to any handicapped individual receiving training or employment shall be without regard to race, sex, color, creed, age, or national origin, or disabling condition and that violation shall constitute grounds for termination of the contract or arrangement and that the United States shall have a right to seek judicial enforcement of this provision;

(4) Provide that trainees shall be compensated for hours spent in production of any goods or services;

(5) Provide that individuals to receive training or employment services under the contract or arrangement will include only those individuals who have been determined by the appropriate State agency to be handicapped individuals who are suitable for such services;

(6) Provide reasonable assurance that handicapped individuals successfully completing the training program will be employed by the employer or within a similar enterprise;

(7) Specify the duration of the project;

(8) Contain an agreement to make such reports and to keep such records and accounts as the Secretary/Commissioner, RSA may require and to make such records and accounts available for audit purposes; and

(9) Contain an agreement to provide such other information as the Commissioner, RSA may require.

4085.11 Rates Under Cooperative Arrangements

(1) The cooperative arrangement shall include the rate of compensation to be paid to trainees engaged in the production of any goods or services. In no case shall the wage rate paid a trainee be less than the following, whichever is higher:

(a) The minimum entrance rate for inexperienced workers in the same occupation or if the occupation is new to the establishment, the prevailing entrance rate for the occupation among other establishments in the community or areas; or

(b) The minimum rate required under the Fair Labor Standards Act or the Walsh-Healy Public Contracts Act, to the extent that such acts are applicable to the trainee.

(2) The contract or arrangement shall further provide for an increasing rate of payment to trainees if the training program is of such duration that periodic increases are reasonable and if the proficiency of such trainees merits such increases.

4085.12 On-The-Job Training

The contract or arrangement shall:

(1) Provide for methods of instruction, progression of trainees, and size of the training group (including any appropriate combination of individualized or group training), which shall be comparable in duration to other training programs for the particular occupation, and adequate in content to qualify trainees for employment;

(2) Provide adequate and safe facilities and equipment; and

(3) Require that suitable records of attendance, performance and progress of trainees be maintained and that such records be made available to the Commissioner, RSA when requested.

4085.13 Role of Federal Project Officer or Director of Projects With Industry Program

The Project Officer or Director of PWI is responsible for administering and servicing the Arrangement or Contract on behalf of the Federal government. To ensure that the objectives of Projects with Industry are being attained, periodic review of both the training establishment and the trainees' progress is essential.

The Project Officer or Director is responsible for instructing the Project Director as to compliance requirements, including necessary records and reports; for inspection of the training establishment to assure that the quality of instruction and supervision is adequate to achieve the training objectives; for determining that the on-the-job training and the facilities used by both the employer or organization and any sub-contractors conform to those agreed upon in the Arrangement or Contract; and for assuring that provisions concerning wages, safe working conditions, equal employment opportunity, and a continuing relationship between the State agency and the handicapped trainee are carried out as agreed.

During the formative years of this program; the Federal Project Officer will be a National Office program representative, with assistance from Regional Office staff, in order to assure development of expertise among both National Office and Regional Office staff, and to assure uniform guidelines and procedures for this type of activity in the vocational rehabilitation program. He will work with State agency and Regional Office staffs in the initial stages of developing the project application and will be the continuing liaison with the Federal Contracting Officer or other authorized individual if a Contract is executed.

4085.14 Publication and Copyright Policy

A. Publication Policy

Awardees may publish results of any special projects without prior review by RSA, provided that such publications carry an acknowledgement of assistance received under the project award and that copies of the publications are furnished to RSA. For uniformity, it is suggested that the acknowledgement read:

> "This project was supported in part by the
> Rehabilitation Services Administration,
> Department of Health, Education, and Welfare,
> Washington, D.C., under Award #____________."

Since Awardees may publish reports of projects without prior RSA review, no formal publication should ascribe to the RSA responsibility for the work other than the acknowledgement mentioned above. The project program is the responsibility of the Awardee.

B. Copyright Policy

Where the project activity results in a book or other copyrightable material, the author is free to copyright the work, but the RSA reserves a royaltyfree, nonexclusive, and irrevocable license to reproduce, publish, translate, or otherwise use, and to authorize others to use, all copyrightable or copyrighted material resulting from the project activity.

4085.15 Advisory Council

Each project should establish an Advisory Council consisting of community leaders of business, educators, voluntary agencies, etc. The Advisory Council should have meaningful input into the policy and decision-making processes governing the operation and conduct of the project.

4085.16 Projects With Industry Arrangements with State Vocational Rehabilitation Agencies

State agencies may wish to consider one or more of the following suggestions:

(1) Utilize basic support program funds or expansion grants to sponsor projects with selective major industries or other suitable agencies or institutions, e.g. General Electric, AFL/CIO, Workshops, small businesses, etc.

(2) Upgrade the capacity of State VR agencies in respect to placement by bringing in a full-time or part-time business executive to serve as a consultant to State agencies in relating to private industry.

(3) Utilize qualified State VR agency persons to place greater importance on the placement capability, particularly relating to business and industrial community.

(4) Make special arrangements with workshops and rehabilitation facilities for the development of Projects With Industry. These facilities, in turn, would develop special cooperative arrangements with industries within the community to share in the training and placement of the disabled.

(5) Create State Advisory Councils to develop policies and procedures to initiate State-wide or community projects with industry. These councils would include a strong representation of individuals from private corporations.

(6) Develop joint programs with labor oriented organizations to stimulate the development and expansion of the job market for the handicapped.

(7) Arrange special or functional relationships with business oriented organizations, such as, Chamber of Commerce, Association of Manufacturers, or other business bureaus and similar bodies for facilitating placement and employment programs for the disabled.

(8) Strengthen in-service-training programs for counselors by stressing the importance of the placement function as a priority consideration for job effectiveness.

(9) Stress in public information programs the prime importance of private enterprise as a full and equal partner in the rehabilitation process.

(10) Initiate action to create the development of a new position in the State VR agency, entitled "Job Coordinator for Business and Industry".

ADDITIONAL QUESTIONS AND RESPONSES

QUESTIONS FOR GEORGE CONN
ACTING ASSISTANT SECRETARY
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION

Question #1: OMB's policy of reducing States' paperwork burden has diminished the amount of data available for program evaluation.

What initiatives have been undertaken to ensure that adequate program data will be available to the Congress and the States?

Response: RSA, with the assistance of State Vocational Rehabilitation agencies, has developed an individual case closure reporting system to replace the Client Case Services Reporting System (RSA-300). The new system is the Program Impact Reporting System (RSA-911), and is designed to collect the minimum data necessary to adequately administer the Vocational Rehabilitation Program at the national level. State VR agencies, already collecting the required data, have unanimously adopted the system. The RSA-911 will be used to request Fiscal Year 1982 data of State VR agencies.

The RSA-911, together with data collection forms already approved by OMB, will provide sufficient information on the Title I program to provide adequate program data to the Congress and to the States.

Questions #2 and #3: Data indicates that services for handicapped youth are declining. This could be due to the "philosophy" that since PL 94-142 mandates services for handicapped youth to age 22, vocational rehabilitation need not initiate services to the 16-20 year old population. This was not the intent of PL 94-142.

How can you account for the decline in vocational rehabilitation services for handicapped youth, under 18 to 24 years old?

Response: We do not believe that an underlying "philosophy" concerning PL 94-142 has had much, if any, effect on the availability of VR services to handicapped youth. What has probably had an effect is the Rehabilitation Act of 1973, as amended, and the emphasis it places on services to the severely disabled. This emphasis appears to have brought about services to an increasingly older clientele. A State agency's order of selection when funds are insufficient to serve all eligible applicants can also impact on the average age of persons receiving services. RSA program data indicates that prior to the enactment of the Rehabilitation Act, the proportion of clients in the under 25 age group had been growing among rehabilitated persons. One full year after enactment of the Act (Fiscal Year 1975), the proportion of rehabilitated persons under 25 years began, and has continued, to decline.

Less than 2 percent of the students, age 14 to 21, covered under PL 94-142 are now being referred to or are now receiving services from State VR agencies. This age group of disabled students are prime candidates for vocational rehabilitation services and placement in jobs upon leaving the school system. RSA records show that State VR agencies have more success with this age category than any other category receiving services.

A concerted effort over the past two years has been made by RSA Regional staff, in conjunction with school and rehabilitation officials at the State and local levels of government, to develop and implement prototypes or models directed towards addressing the needs of young disabled people and to prepare them for jobs upon leaving the school system. Success is dependent on the commitment of staff operating within the system, plus the cooperation of parents and business community in providing these young people support and an opportunity to learn through formalized training and work incentive programs.

Question #4: What specific technical assistance is RSA providing States and local Regions to ensure coordination between special education programs and vocational rehabilitation?

Response: In recognition of this important issue, the Office of Special Education and Rehabilitative Services has established as one of its major objectives for FY 1983 a goal to facilitate joint planning and programming on behalf of handicapped students by enhancing the cooperative linkages between Special Education and Vocational Rehabilitation.

RSA and Special Education staff are visiting exemplary cooperative programs within each of the Regions. These visits will lead to the development of training materials for the States in the establishment and improvement of cooperative programs.

As a result of these activities, we expect that a more systematic and coordinated approach will be taken regarding the assessment and evaluation of the disabled student/client. Additionally, joint planning will be carried out to achieve specific educational and employment goals.

Question #5: Learning Disabilities were included as a service category under Vocational Rehabilitation in the regulations issued January 19, 1981 (Part 19). Have separate provisions been established to ensure the vocational rehabilitation of both youth and adults who are learning disabled?

When will data be collected for the number served and specific services provided for learning disabled rehabilitation clients?

Why is data not collected for the learning disabled population currently?

Response: RSA has taken several steps to assist in the vocational rehabilitation of both youth and adults who are learning disabled since the issuance of the January 19, 1981 regulations. Included among these are the funding of a special project, A Comprehensive Vocational Service Model for Persons with Specific Learning Disabilities, currently underway at the Vocational Rehabilitation Center of Allegheny County, Inc., and the inclusion of a learning disabilities objective in the RSA Planning System. The Objective is aimed at improving the capability of State VR agencies to deliver services to the learning disabled by assisting State agencies in the development of policies and procedures that will benefit service delivery. RSA is studying the diagnostic evaluation process and the development of the Individualized Written Rehabilitation Plan specifically in relation to the needs of the learning disabled and the elements of successful job placement. The results of these measures are intended to improve service delivery at the State level.

In response to your questions concerning data collection, the new reporting system (RSA-911) includes a separate disability code for the learning disabled. If a sufficient number of agencies submit data by June 30, 1983, RSA will have its first count of learning disabled persons by mid - or late Summer.

Question #6: According to the 1981 annual report of the Rehabilitation Services Administration, the Federal-State vocational rehabilitation program appears to be a good investment which pays for itself over approximately four years through increased payment of taxes and decreased dependency of rehabilitated persons. However, the September 22, 1982, letter from the director of the General Accounting Office to the Secretary of Education indicated that some clients receiving physical restoration services did not appear to have a substantial handicap to employment.

What steps is the Administration taking to ensure that vocational rehabilitation services are only provided to persons whose impairment is a substantial handicap to employment?

Response: RSA issued a memorandum on January 19, 1983, to State VR agencies to inform them of the findings of the GAO review and the joint efforts needed to make program corrections. We are working toward a Program Instruction issuance which will require more stringent application of eligibility criteria. Monitoring and technical assistance activities also are being directed to eligibility determination as part of the ongoing work plans of regional offices. Related special activities include a project to review case files, provide feedback, and then assist with a corrective action plan; a management control project, and a newly established Research and Training Center in Management.

Question #7: A recent evaluation study indicated that 80% of the clients rehabilitated in FY 1980 were placed in competitive employment.

What plans does the administration have to maintain or increase the number of handicapped persons rehabilitated into competitive employment?

Response: In cooperation with State vocational rehabilitation agencies, RSA initiated a national objective on job placement in Fiscal Year 1983, and proposes to continue that effort through 1984. The objective is designed to improve both vocational opportunities and outcomes for all disabled individuals, especially those with severe handicaps. RSA believes that, with a focus on competitive employment, opportunities can be expanded and outcomes can be elevated by strengthening the role of private business and industry in the rehabilitation process similar to that found in the Projects with Industry program.

In addition to the RSA initiative, the administration has proposed legislation that would establish performance-based funding. Distributing these funds on the basis of performance would provide additional incentive for State vocational rehabilitation agencies to rehabilitate severely handicapped individuals into competitive employment.

QUESTIONS FOR MR. MAX STARKLOFF

1) SINCE FY 1979, THE INDEPENDENT LIVING CENTERS PROGRAM HAS INCREASED FROM 10 GRANT AWARDS FUNDING 20 CENTERS, TO 73 GRANT AWARDS PROVIDING FUNDING FOR 156 CENTERS IN FY 1982. WHAT IMPACT HAS THE INDEPENDENT LIVING CENTERS PROGRAM HAD ON THE LIVES OF SEVERELY DISABLED PEOPLE AND HOW IS THIS IMPACT MEASURED?

2) HAVE YOU EXPERIENCED ANY DIFFICULTY IN DETERMINING WHOM THE INDEPENDENT LIVING CENTERS ARE INTENDED BY LAW TO SERVE?
DOES THE CENTERS' PROGRAM TEND TO OVERLAP WITH THE VOCATIONAL REHABILITATION SERVICES OFFERED BY THE BASIC STATE GRANT PROGRAMS?

3) HOW ARE THE INTERESTS OF MENTALLY HANDICAPPED AND AGED DISABLED PERSONS PROTECTED IN THE INDEPENDENT LIVING CENTERS PROGRAM?
WHAT DO YOU SEE AS THE ARGUMENTS FOR AND AGAINST FUNDING THE STATE ALLOTMENT PROGRAM FOR INDEPENDENT LIVING SERVICES AUTHORIZED UNDER PART A?

RESPONSE TO QUESTIONS

1) In 1979 each Independent Living Center served approximately 150 persons in their first year of operation. Depending on the Center the number of persons served has increased. In 1982 the number of 150 disabled persons served has remained relatively steady. Therefore, in 1982 at least 23,400 persons with disabilities were served. Unfortunately, no evaluation by the Rehabilitation Services Administration has been done on the Independent Living Centers Program, which is a recommendation by the National Council of Independent Living Programs, but many persons served are individuals who have been institutionalized for long periods of time or have been turned down by other agencies due to the severity of their disabilities. Some Centers have used basic methods of collecting data on persons served. For example, a woman who is a quadriplegic from spinal cord injury lived in a long term care hospital for the past ten years at an annual cost of $43,000. A little over a year ago she moved into her own apartment and it is now costing $13,000 per year.

2) The Independent Living Centers have had no difficulty in determining whom to serve. There are a few exceptions, but a vast majority of the Independent Living Centers serve a cross disability population and make every effort possible to expand that concept.

Since the Independent Living Centers serve a large population of severely disabled persons who are institutionalized or who are living with family members and have never had access to Vocational Rehabilitation Services, there is no real overlap between the Independent Living Centers Programs and the basic State Grant Programs. In fact, there is a growing working relationship between the two because Independent Living Centers are helping severely disabled people learn skills which prepare them for job training or further education.

3) As stated above, the focus by most of the Independent Living Centers is to serve a cross disability population. This is a major concern of the National Council of Independent Living Programs and we strongly emphasize that Independent Living Centers make extensive effort to serve a cross disability population. It is also emphasized that there should not be a restriction on age of persons served, but to reach out to the aged disabled as a group which can benefit from Independent Living services.

With Part A of Title VII funds, Vocational Rehabilitation can begin to work even more closely with Independent Living Centers, therefore, enhancing the delivery of Independent Living services. An example would be when a disabled person has been institutionalized and has had little opportunity to acquire skills to pursue a job he/she can begin training in an Independent Living Center, with financial support from the Division of Vocational Rehabilitation. This relationship can lead to some vocational training, ultimately leading to competitive employment.

For further statistical information on Independent Living Centers, you can contact the following persons:

Lex Frieden, Director
Independent Living Research Utilization Project (ILRU)
TIRR--The Institute for Rehabilitation and Research
P. O. Box 20095
Houston, Texas 77025
(713) 797-1440 Ext. 504

James F. Budde, Director
The Research and Training Center on Independent Living
University of Kansas
BCR/348
Lawrence, Kansas 66045
(913) 864-4950

Helen Keller National Center
For Deaf-Blind Youths and Adults

PETER J. SALMON, LL.D., Founder
MARTIN A. ADLER, MSW, ACSW, Director

operated by
THE INDUSTRIAL HOME FOR THE BLIND

April 19, 1983

The Honorable Lowell Weicker, Jr., Chairman
Subcommittee on the Handicapped
United States Senate
Committee on Labor and Human Resources
Washington, D.C. 20510

Dear Senator Weicker:

We are very appreciative of your interest in seeking more information regarding deaf-blind persons and the national service delivery program at the Helen Keller National Center for Deaf-Blind Youths and Adults. Your questions went to the heart of the matter, and we will attempt to reply as concisely and to the point as possible.

The one question that personally gave me the most difficulty related to the problem of why we consider deaf-blindness to be the most serious of all handicapping conditions. I know when my older daughter was born with an orthopedic condition - to me it was the most serious problem in the world. It was my daughter, and I felt deeply. Nothing else mattered. I know many other handicapped individuals (and, in fact, non-handicapped individuals) regard their personal problems and limitations as the most serious and important in their lives.

I asked Dr. Robert Smithdas, who is our Director of Community Education and a deaf-blind person since the age of four, to answer Question No. 1. Dr. Smithdas is a most unusual individual, even in the world of the hearing and sighted - yet he required several hundred volunteers who worked with him and for him in order for him to go through college and graduate school. He had a full-time paid interpreter for all his years in college. He had exceptionally strong family support and an organization (The Industrial Home for the Blind) specifically committed to work for this one individual. He had those kinds of volunteers and support services that rarely exist for any handicapped person. His achievements as a professional person and his abilities as a deaf-blind person can be directly attributed to those support services he received. The following paragraphs are Dr. Smithdas' contribution as to why he feels deaf-blindness is the most serious of all handicapping conditions:

1. Would you please discuss why you consider deaf-blindness to be the most serious of all handicapping conditions?

"Deaf-blindness is definitely one of the most serious of all handicapping conditions known to mankind. Without sight and hearing, the world literally shrinks for the deaf-blind individual, and becomes only as large as he can reach with his fingertips and sense through his remaining senses of touch, taste, and smell.

Sight and hearing are the two cardinal avenues through which any individual obtains knowledge and information of the world and its experiences. Deprived of sight, the individual cannot develop concepts of light, color, symmetry, size, and the actions and manners of what is socially acceptable by society. Deprived of hearing, the deaf-blind individual cannot hear sounds and the spoken language, cannot learn speech and develop vocabulary for the expression of personal wants and needs. This dual disability imposes tremendous problems of mobility and orientation, and receptive-expressive communication, and denies the individual opportunity to participate in society, except through the use of specially developed methods of training and the use of special aids and devices.

The limitations imposed by deaf-blindness are far more severe and isolating than they are for other types of handicaps. A deaf-blind person cannot observe what is happening around him; he cannot use the telephone, enjoy radio or television, or participate in ordinary conversation and activities which may be available to other handicapped persons to a notable degree. Deaf-blindness imposes isolation and loneliness. The condition invariably means that the deaf-blind person must obtain all information and knowledge secondhand through another person who can communicate with him.

Because of the severity of the limitations imposed, the deaf-blind individual is almost totally dependent on others for assistance in performing the ordinary necessities of life - shopping, coping with personal emergencies, and fulfilling personal needs. The only means of overcoming these limitations is by providing very intensive, highly specialized and comprehensive training in special methods and aids and devices that can provide a limited measure of independence. Such training is absolutely essential if the deaf-blind person is to gain a degree of self-reliance and self-sufficiency, and develop potential skills that can be used to earn a livelihood and be an active member of society in spite of the tremendous obstacles imposed by the limiting effect of this dual disability."

2. Given the severity of this disability, what are reasonable rehabilitation goals for deaf-blind persons and how effective has the Helen Keller Center been in assisting deaf-blind persons achieve these goals?

Reasonable rehabilitation goals for deaf-blind persons can perhaps best be summarized by offering the following two objectives:

(a) Employment on some level ranging from sheltered workshops to competitive and professional employment.

(b) Achieving some level of independence in skills of daily living, which includes communication and mobility, thus enabling the deaf-blind individual to either live with family and/or to be released from an institution (frequently a mental retardation facility) and live in a community or group home.

The above are reasonable rehabilitation goals. However, each deaf-blind person at HKNC is individually screened, evaluated, and worked with, so that rehabilitation goals are based upon the client's wishes and our educated estimate of how that person can reach maximum potential. Because of the specialized and highly skilled staff, highly intensive training, and rehabilitation programs carried out within the HKNC system, nearly 50% of our Center's clients are now employed in various types of work including electronics, furniture and cabinet making, hospital laundries, various forms of blue collar support services, as well as teachers, rehabilitation workers and aides in special rehabilitation centers. Over 400 deaf-blind individuals, many of whom came from HKNC, are now employed in National Industries for the Blind sheltered workshops.

3. How effective has the Helen Keller Center been in improving the skills of vocational rehabilitation counselors serving deaf-blind persons?

Perhaps the most concise way to answer Question No. 3 is to indicate that most deaf-blind specialists now practicing in the 22 affiliated agencies within the HKNC system were trained at HKNC. Our National Training Team and our week-long training seminars at HKNC are fully booked. For example, our National Training Team is now accepting training appointments and visits for January 1984. The reputation of our expertise in training programs prompted most of the Rehabilitation Service Administrators to spend the week of February 7 at our Center. Their positive remarks are on record in Commissioner George Conn's office (RSA). The National Training Team conducted 44 intensive conferences in 21 different states between May 1981 and the present time. Week-long seminars at HKNC occur on the average at least once a month. Participants in these seminar activities can acquire 3 graduate credits or 4 continuing education credits from Western Maryland College. Again, as a result of our reputation and expertise, Western Maryland College at Westminster, Maryland and HKNC have co-sponsored a master's degree program in deaf-blindness - the only such program in the United States.

4. What types of competitive or sheltered employment are most appropriate for deaf-blind individuals to enter following rehabilitation?

The above question is more difficult to answer, as there are many levels of functioning within the deaf-blind community. Some individuals who are deaf-blind but have had sight or hearing at one time, and perhaps even post-secondary school training, can achieve and do achieve competitive employment. For example, we do have a number of HKNC graduates who are working as professionals and paraprofessionals in different rehabilitation systems, schools, and agencies throughout the country.

There are many other deaf-blind individuals who as a result of training at HKNC and our affiliated agencies are able to perform businesses generally classified as industrial or blue collar. They are in assembly lines, small industries, the armed services, and the federal government. One deaf-blind graduate of HKNC was one of the 10 outstanding federal handicapped workers of 1980.

Many other deaf-blind individuals who have lost their sight and hearing at a very early age - perhaps, were even pre-lingually deaf and subsequently have a very limited educational experience - frequently find employment in sheltered workshops throughout the United States. National Industries for the Blind, the central non-profit agency which coordinates sheltered workshops for the blind, reports that 199 deaf-blind individuals work in its sheltered workshops and 235 individuals who are hard of hearing and blind also are employed in the NIB sheltered workshop programs. Some 70 of those individuals are graduates of the HKNC program. Many of these sheltered workshop employees earn at least the minimum wage, and I know personally of several who are earning substantially above minimum wage in sheltered workshop employment. The ability to communicate and the opportunity to find living quarters near the place of employment are perhaps the most crucial factors determining a deaf-blind person's success in finding and retaining employment. We are currently in the planning stages with National Industries for the Blind and an Independent Living Center in developing a system of rehabilitation training, housing placement, and sheltered workshop employment for the deaf-blind. Once that system is developed, it can be exported throughout the country. It would primarily give more deaf-blind individuals the opportunity to work in sheltered workshops and live near their place of employment.

5. What percentage of deaf-blind persons in need of rehabilitation services receive such services through the Helen Keller Center and through the nine regional centers?

Recently Rehabilitation Services Administration commissioned an organization to conduct a survey of deaf-blind individuals throughout the country. This survey, conducted by Redex, Inc., estimated that there are some 41,000 deaf-blind individuals in the United States. Its definition of deaf-blindness was similar to the HKNC definition. HKNC, at our training facility in Sands Point, N.Y., generally serves approximately 80-100 clients per year. Clients may stay at the Center from 10 weeks to 3-4 years.

The training at HKNC is intensive and on a one-to-one basis. The one-to-one approach is the desired and most efficient method of communicating with the deaf-blind individual and enabling that individual to respond to the rehabilitative process. Although it is effective, it certainly is not cost efficient; but there is no other reasonable way with most deaf-blind individuals. In addition to the nearly 100 clients that are served at Sands Point, our nine regional representatives work with approximately another 700 clients in the field. They provide direct counseling, concrete assistance, vocational placement, and numerous other support services. Thus, in effect, the HKNC system, excluding our affiliation network agencies, works with some 800 clients per year. This is approximately 2% per year of the estimated deaf-blind population within the country. Although these figures seem quite insignificant, we do again point out the intensive and involved methodologies necessary to work with deaf-blind people. The affiliated network agencies, some 22 of them, generally work with approximately 600 deaf-blind clients per year.

6. How much funding is made available to the National Training Team and is this amount adequate?

During the Federal Fiscal Year of 1982, $87,855 has been allocated to the National Training Team. Approximately $54,000 is for salaries for one full-time person and two 50% part-time people. The remaining funds cover fringes, travel, and other expenditures. This amount is not adequate.

For Federal Fiscal '83 we plan to increase the team's composition to two full-time experienced instructors (supervisor and mobility) and four other experienced instructors each contributing 50% of their time. Each person will continue the remaining 50% in current job assignments (Daily Living Skills, Rehabilitation Counseling, Audiology and Home Management). The above personnel will be drawn from the current staff roster. Additional staff will be recruited to replace the four 50% positions within the direct service or rehabilitation unit. This will include one full-time audiologist, listed as an instructor (salary $21,569 p.a.). We have determined from past experience one full-time audiologist was not sufficient to fully evaluate and work with the caseload at headquarters. With the anticipated influx of rubella clients, who would be more difficult to audiologically evaluate, an additional audiologist is required. One full-time rehabilitation counselor ($22,265 p.a.) with a speciality in genetic counseling will replace the rehabilitation counselor assigned 50% to the NTT. This genetic counseling specialty is necessary to meet the counseling needs of deaf-blind clients with a genetic pathology - notably Usher's Syndrome. Generally, 40 to 50% of our clients have Usher's Syndrome. An assistant instructor ($16,281 p.a.) will replace and assist the home management instructor that is assigned 50% to the NTT. An instructor's aide ($13,887 p.a.) will also replace and assist the daily living skills instructor assigned 50% to NTT. This system will enable management to continue to assign some of its most experienced staff to NTT and still retain 50% of their skills in crucial departments while adding new personnel.

We hope we have answered your questions to your satisfaction. Please feel free to call us if we may be of further assistance.

Very truly yours,

Martin A. Adler, MSW, ACSW
Director

MAA:jm

United States Senate
WASHINGTON, D.C. 20510

April 11, 1983

Mr. Ethan Ellis, Deputy Director
Division of Advocacy for the
Developmentally Disabled
N.J. Department of Public Advocates
CN 850
Crenton, New Jersey 08625

Dear Mr. Ellis:

I am writing to thank you for your recent testimony before the Subcommittee on the Handicapped and to seek your further input into the process of compiling a written record on the reauthorization of the Rehabilitation Act.

Would you please review the attached questions and forward your written response to:

Natalya Smith, LA
Subcommittee on the Handicapped
SH 113 Hart Senate Office Bldg.
Washington, D.C.
20510

by April 22, 1983.

If you need any further clarification, please contact Natalya Smith or Mike Hardman at 202: 224-6265.

Thank you for your assistance.

Sincerely,

Lowell Weicker, Jr.
United States Senator

/ns

State of New Jersey

DEPARTMENT OF THE PUBLIC ADVOCATE
DIVISION OF ADVOCACY FOR THE DEVELOPMENTALLY DISABLED

CN 850
TRENTON, NEW JERSEY 08625

JOSEPH H. RODRIGUEZ
PUBLIC ADVOCATE

HERBERT D. HINKLE
DIRECTOR

ETHAN B. ELLIS
DEPUTY DIRECTOR
TEL. 609-292-9742

April 22, 1983

Ms. Natalya Smith
Subcommittee on the Handicapped
SH 113 Hart Senate Office Bldg
Washington, D.C. 20510

Dear Natalya:

Below are responses to the questions raised by Senator Weicker in connection with my testimony before the Senate Subcommittee on the Handicapped regarding the Client Assistance Program funded through RSA.

Q. You represent an independent advocacy agency which also includes a Client Assistance Project. Can you clarify for me the differences between the people your general agency represents and the clients served by the Client Assistance Project? Can you tell me where the two programs overlap?

A. As the designated Protection and Advocacy System for New Jersey, this office is mandated to provide advocacy services to persons with developmental disabilities who number approximately 80,000 in this State. Our Client Assistance Project offers advocacy services to the clients of the New Jersey Division of Vocational Rehabilitation Services and the vocational rehabilitation clients of the New Jersey Commission for the Blind and Visually Impaired, regardless of the nature or origin of their disabilities. They number about 27,000, of whom approximately 6500 are developmentally disabled. Persons in this last category, vocational rehabilitation clients with developmental disabilities, are eligible for services from both elements of our advocacy program. In percentage terms, eight percent of those eligible for the DD P&A program are also eligible for services under the Client Assistance Project.

This measures the overlap in terms of eligibility. In terms of actual service, this small overlap disappears almost entirely since the demand for advocacy services has increased so rapidly that both elements of our program are working at maximum capacity which precludes duplication of service. (We have handled an average of thirty percent more cases each year over the last three years.) Thus, if a vocational rehabilitation client with a developmental disability cannot be served by the P&A element because of a case overload, we can serve him/her through the Client Assistance Project and vice versa.

Q. You mentioned in your testimony that you employ an attorney in your Client Assistance Project. Has his representation of clients against the V.R. agency impaired your ability to effect informal resolutions of the complaints of other clients? How does that effect the relationship between your agency and the V.R. agency?

A. If anything, legal representation of a few clients in disputes with V.R. agencies has improved our ability to effect informal resolution of the complaints of other clients. The knowledge that we will pursue an issue legally, if necessary, encourages the agency to settle most complaints before court action becomes necessary.

Despite litigation, our relationship with the V.R. agency has improved over the years when measured by the number of referrals we get from V.R. staff and by that agency's willingness to support our requests for additional funds from RSA for the Client Assistance Project. It should also be noted that the director of the New Jersey Division of Vocational Rehabilitation Services has indicated that he supports the position of the National Association of Protection and Advocacy Systems that Client Assistance Projects should be independent of V.R. agencies in order to better serve the interests of their clients.

Q. Please describe the effectiveness, over the past five years, of the Client Assistance Projects. What impact has the ombudsman concept had on the clients and client applicants of the state vocational rehabilitation program, and what has been the effect on the service delivery system?

A. In New Jersey, we have seen several positive changes in the vocational rehabilitation agency's responsiveness to client complaints which we trace directly or indirectly to CAP. At our suggestion, both the Division of Vocational Rehabilitation Services and the Commission for the Blind and Visually Impaired have clarified and expanded their efforts to inform their clients of their rights to appeal decisions with which they do not agree. Both agencies have also regularized their appeals procedures. Through negotiations, due process appeals, and litigation, we have a ninety percent success rate in settling disputes to our clients' satisfaction.

We have conducted evaluations of the service delivery system in several county offices where a concentration of complaints from clients suggested systemic problems. DVRS has implemented most of the recommendations which grew out of our studies and there has been a dramatic reduction of client complaints thereafter.

Last year, we designed a leadership training program for persons with disabilities in New Jersey and cosponsored it with DVRS and the New Jersey Coalition of Citizens with Disabilities. Its graduates were recruited to the Consumer Advisory Board of DVRS and 17 now serve on it, revitalizing it after three years of inaction. As a result of this positive experience, DVRS now employs some of those graduates as paid trainers in an ongoing series of in-service training programs for its counselors and supervisors to sensitize them to the needs and perceptions of their clients. This program was designed by CAP staff. The consumer trainers are now forming a nonprofit corporation to offer this service to public and private VR agencies in New Jersey and elsewhere.

In states where the CAP operates within the VR agency, clients have been given more extensive descriptions of VR services and the appeals processes available to them. They have also been assisted in informal resolutions of their complaints through negotiation. Their lack of independence from the VR agency has curtailed their effectiveness in bringing about the types of systemic changes we have seen in New Jersey. Their inability to provide direct representation to clients in due process appeals and litigation has often deprived those clients of such representation and diminished the CAP's ability to resolve complaints informally.

Q. In FY 1981, 36 Client Assistance Projects were supported with federal funds. In FY 1982, this number was reduced to 17 due to a 66% reduction in the federal funds made available to Client Assistance Projects. What has been the impact of reduced federal support on advocacy activities on behalf of the clients in the state vocational rehabilitation programs?

A. Beyond the obvious loss of advocacy services in the states affected, these cuts have resulted in a significant increase in the demand for advocacy services from Protection and Advocacy Systems by VR agency clients. In states where the P&A System has a mandate and funding to serve nondevelopmentally disabled persons, these clients have been served. In states where no such mandate exists, they have been referred to underfunded legal services agencies or gone unserved. In states like Connecticut, where the mandate exists but no funding has been provided for VR clients, they have absorbed advocacy resources needed by others.

Q. Are there any operational constraints related to the fact that Client Assistance Projects are administered by state vocational rehabilitation agencies?

A. VR agency-operated CAPs have several limitations which restrict the range and quality of advocacy services which they can provide to VR clients.

Most such agencies do not provide their clients with legal or paralegal representation at formal due process proceedings, but limit their intervention on behalf of clients to informal negotiation. As a result, most of their clients have no represenatation in serious disputes with the VR agency and must drop their complaints. As mentioned earlier, this lack of legal capability also weakens the CAP in its attempts at informal negotiation since the VR agency knows that the CAP has no other recourse.

Our experience in New Jersey has demonstrated that an independent advocate can be very effective in bringing about systemic change in the VR service delivery system through studies, legislation, and work with consumer groups interested in improving the VR program. Such changes are infinitely more difficult to develop, suggest, and implement when they imply criticism of the agency which pays your salary.

I hope this information will be helpful to you.

Yours,

Ethan

Ethan B. Ellis

EBE:nls

United States Senate
WASHINGTON, D.C. 20510

April 11, 1983

Joseph R. Galotti, Commissioner
Department of Education
State of Connecticut
State Office Building
Room 305
Hartford, Connecticut 06106

Dear Commissioner Galotti:

I am writing to thank you for your recent testimony before the Subcommittee on the Handicapped and to seek your further input into the process of compiling a written record on the reauthorization of the Rehabilitation Act.

Would you please review the attached questions and forward your written response to:

Natalya Smith, LA
Subcommittee on the Handicapped
SH 113 Hart Senate Office Bldg.
Washington, D.C.
20510

by April 22, 1983.

If you need any further clarification, please contact Natalya Smith or Mike Hardman at 202: 224-6265.

Thank you for your assistance.

Sincerely,

Lowell Weicker, Jr.
United States Senator

/ns

QUESTIONS FOR MR. JOE GALLOTI

1) IN FY 1981, $124 MILLION AUTHORIZED UNDER THE SOCIAL SECURITY ACT WAS USED FOR THE REHABILITATION OF SOCIAL SECURITY DISABILITY INSURANCE BENEFICIARIES AND RECIPIENTS OF SUPPLEMENTAL SECURITY INCOME (SSI). THIS PROGRAM HAS BEEN REPEALED AND WAS REPLACED BY A REIMBURSEMENT PROGRAM WHICH WAS EXPECED TO PROVIDE $3.5 MILLION FOR REHABILITATION OF THESE SOCIAL SECURITY AND SSI CLIENTS DURING FY 1982.

WHAT HAS BEEN THE EFFECT OF THE LOSS OF THESE SOCIAL SECURITY FUNDS ON THE BASIC STATE GRANT PROGRAMS?

2) GRANTS FOR INNOVATION AND EXPANSION ARE AUTHORIZED TO ASSIST STATES IN DEVELOPING SPECIAL PROGRAMS TO EXPAND REHABILITATION SERVICES TO PERSONS WITH UNUSUAL OR DIFFICULT PROBLEMS. THIS PROGRAM WAS LAST FUNDED IN FY 1979 AT $11.8 MILLION.

WHAT WERE SOME OF THE MAJOR BENEFITS OF THIS PROGRAM, AND WHAT HAVE BEEN THE EFFECTS OF ZERO FUNDING OVER THE PAST TWO YEARS?

3) THE NUMBER OF PERSONS REHABILITATED IN THE BASIC STATE GRANT PROGRAM HAS BEEN DECLINING OVER THE PAST 8 YEARS FROM A HIGH OF 361,100 PERSONS IN FY 1974 TO AN ESTIMATED LOW OF 225,900 PERSONS IN FY 1982.

3) CONT....

WHAT HAVE BEEN THE MAJOR CAUSES OF THIS DECLINE AND WHAT ACTIONS DO YOU RECOMMEND THE CONGRESS MIGHT TAKE TO REVERSE THIS TREND?

4) I UNDERSTAND THAT THE OFFICE OF MANAGEMENT AND BUDGET POLICY OF REDUCING THE STATE'S PAPERWORK BURDEN MAY BE IN CONFLICT WITH THE NECESSITY OF COLLECTING STATE PROGRAM DATA NEEDED TO ADEQUATELY ADMINISTER AND EVALUATE THE BASIC STATE GRANT PROGRAM.

WHAT ROLE HAS THE COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION PLAYED IN ATTEMPTING TO ENUSRE THE QUALITY AND CONSISTENCY OF THE DATA COLLECTED?

STATE OF CONNECTICUT
STATE BOARD OF EDUCATION

NS

April 19, 1983

Ms. Natalya Smith, LA
Subcommittee on the Handicapped
SH 113 Hart Senate Office Building
Washington, D.C. 20510

Dear Natalya:

I am writing in response to Senator Weicker's request of April 11, 1983 for information concerning reauthorization of the Rehabilitation Act as presented in the form of four questions. As you know from our telephone conversation of April 18, 1983, my response will be from the Connecticut perspective rather than a national one, but I am taking the liberty of asking the Council of State Administrators of Vocational Rehabilitation to provide you with information with similar answers from the national view.

SSDI/SSI Beneficiary Rehabilitation Programs

The loss of approximately $843,000 of the SSDI/SSI programs resulted in an additional drain on the basic support program funding sources which were used to continue services to clients formerly served with SSDI/SSI funds. In addition, costs of staff and operations formerly funded with SSDI/SSI money were transferred to the basic support program (Section 110). A more important impact of the loss of SSDI/SSI special funds was the resulting reduction in the number of clients who could be served and rehabilitated. The reimbursement program which was instituted in FY 82 is an impractical, ineffective substitute for the advance funding under the SSDI/SSI beneficiary program. It is impossible to plan and fund programs on a reimbursable basis, especially when the criteria for reimbursement precludes any degree of certainty of reimbursement.

Innovation and Expansion

During the years that innovation and expansion (I&E) grant funds were available, opportunities were provided for state agencies to attempt movement into areas of rehabilitation on a trial basis. They provided the impetus for placement of counselors in school systems; work with the alcohol and drug dependency division on a cooperative basis; work with clients in the area of corrections; and more recently, the emphasis on placement through the cooperative efforts of the Connecticut agency with rehabilitation centers, business, and industry in the Projects With Industry (PWI) effort. The effect of zero funding of I&E over the past 2 years is difficult to measure. I am certain, however, that such funding would have assisted in our planning in the areas of services to learning disabled adults and our efforts to work more cooperatively with school systems. The primary impact of the loss of I&E funds is the opportunity to review, consider and implement untried methods of improving client services.

Decline of Numbers of Clients Served and Rehabilitated

The reasons for the decline in numbers of disabled persons are several. The emphasis of services to the severely disabled without the accompanying increase in funding levels to address increased costs and time required to serve the more severely disabled has certainly had an impact on the number of clients served and rehabilitated in the last 8 years. The response to the first and second questions with the resulting reduction in available funds is another reason for decline. The reduction in staff through attrition and, in some States, by layoff certainly contribute to the decline of the number of persons served. The uncertainty of the level of funding produced by the continuing resolution at the federal level has made it difficult, if not impossible, to plan an effective, stable program, and has resulted in delays and sometimes discontinuance of individual client services resulting in an erosion of credibility of a rehabiliation agency's ability to serve clients on the part of referral sources.

The Council of State Administrators of Vocational Rehabilitation's Role in Attempting to Ensure Quality and Consistency in Data Collection

In response to question #4 I would ask that the Council of State Administrators of Vocational Rehabilitation provide you with the answer to this question along with the Council's further expansion of information concerning the previous three questions.

Please let me know if I can be of further assistance in this matter.

Sincerely,

Joseph R. Galotti
Acting Commissioner of Education

JRG:kal

United States Senate
WASHINGTON, D.C. 20510

April 11, 1933

Mr. John H. Moore, President
Threshold Rehab. Services, Inc.
1000 Lancaster Avenue
Reading, Pennsylvania 19607

Dear Mr. Moore:

I am writing to thank you for your recent testimony before the Subcommittee on the Handicapped and to seek your further input into the process of compiling a written record on the reauthorization of the Rehabilitation Act.

Would you please review the attached questions and forward your written response to:

Natalya Smith, LA
Subcommittee on the Handicapped
SH 113 Hart Senate Office Bldg.
Washington, D.C.
20510

by April 22, 1983.

If you need any further clarification, please contact Natalya Smith or Mike Hardman at 202: 224-6265.

Thank you for your assistance.

Sincerely,

Lowell Weicker, Jr.
United States Senator

/ns

QUESTIONS FOR JOHN MOORE

1) WHAT KINDS OF JOBS ARE PROVIDED TO THE CLIENTS BY THE PROJECTS WITH INDUSTRY?
DO THESE JOBS OFFER CAREER ADVANCEMENT TO PERSONS WITH SEVERE HANDICAPS?

2) FROM FY 1981 TO FY 1982, THE NUMBER OF PROJECTS WITH INDUSTRY INCREASED FROM 50 TO 65. HAS THIS PROGRAM GROWTH BEEN ACCOMPANIED BY ANY INCREASE IN THE FINANCIAL ASSISTANCE PROVIDED BY PRIVATE INDUSTRY?

NARF
NATIONAL ASSOCIATION OF REHABILITATION FACILITIES
P.O. Box 17675, Washington, D.C. 20041 • (703) 556-8848
James A. Cox, Jr. Executive Director

April 22, 1983

Senator Lowell P. Weicker, Jr.
Chairman
Subcommittee on the Handicapped
113 Hart Senate Office Building
U.S. Senate
Washington, D. C. 20510

ATTN: Natalia Smith

Dear Senator Weicker:

I am glad to provide for you additional information that your office has requested.

Under Projects With Industry, handicapped persons are placed in jobs ranging from highly skilled, technical positions to unskilled, manual jobs. This wide spectrum of job opportunities is illustrated by the diverse organizations that participate in this program.

IBM and Control Data are training severely handicapped persons for jobs in data processing and computer technology. Arkansas Enterprises for the Blind prepares persons for jobs as information specialists in large corporations as well as the U.S. Civil Service Commission. The Electronics Industry Foundation is arranging for training and placement of handicapped individuals in electronics. The Human Resources Institute of the AFL/CIO is training handicapped persons for jobs in union-related firms. The National Restaurant Association prepares individuals for all types of jobs in restaurants. Placement and training through the National Association of Rehabilitation Facilities include custodial, food service, data processing, bench assembly and clerical positions. Each partnership capitalizes on business opportunities, the local job markets and the skills and abilities of handicapped job seekers.

Career advancement opportunities for handicapped persons are often affected by company policies and practices. Attitudinal barriers still present obstacles to the advancement of disabled persons. Many Projects With Industry programs provide training and on-site consultations to companies to overcome these barriers. Through education and public information, many PWIs assist managers and top-level decision-makers to formulate advancement and promotion procedures which are based on more objective appraisals of handicapped persons' job performances. This reduces stereotyping and discrimination.

A study conducted by Portland State University for the National Institute of Handicapped Research found that a comparative study of PWI clients and other vocational rehabilitation clients found that twice as many PWI clients (41%) said they were promoted than in the V.R. comparison group (22%). The survey also found that job satisfaction was higher among PWI participants. Nearly 48% of the PWI clients said they "liked their jobs a lot" as compared to 38% of the V.R. group.

Corporate contributions to PWI have been a significant ingredient to the success of the programs. An informal random survey of PWI projects illustrated that industry has given generously. Business executives have given unselfishly of their time to develop advisory councils and implement job training and placement programs. Corporations have donated space, equipment and facilities. Many organizations now provide numerous training slots in their companies to give handicapped persons the opportunity to acquire skills and a work history.

There has not been a comprehensive analysis of the actual dollars contributed by industry, but most service providers and project directors believe the contributions are substantial. The Menninger Foundation, Topeka, Kansas, reported that the Brock Hotel chain had contributed over $200,000 to expand Projects With Industry. In addition, the company provides 30 training slots for transitional employment. The Kansas Elks Training Center estimates that over $200,000 has been contributed in training to disabled persons. The Workshop, Inc., Menands, New York, reported that since the inception of their project, one employer has turned over a large portion of his company to the facility as a site for PWI. Almost all community programs receive support from industry through direct grants or contributions in the form of equipment, facilities and executive time.

It was a pleasure appearing before you to provide testimony on behalf of the National Association of Rehabilitation Facilities. Please let me know if I or the NARF staff can provide you with additional information.

Sincerely,

John H. Moore, Jr.

John H. Moore, Jr.

JHM/dsg

United States Senate
WASHINGTON, D.C. 20510

April 11, 1983

Mr. Harry E. Blandford, Jr.
Advocacy Specialist
Division of Protection and Advocacy
Department of Public Advocacy
State Office Building Annex
Frankfort, Kentucky 40601

Dear Mr. Blandford:

I am writing to thank you for your recent testimony before the Subcommittee on the Handicapped and to seek your further input into the process of compiling a written record on the reauthorization of the Rehabilitation Act.

Would you please review the attached questions and forward your written response to:

Natalya Smith, LA
Subcommittee on the Handicapped
SH 113 Hart Senate Office Bldg.
Washington, D.C.
20510

by April 22, 1983.

If you need any further clarification, please contact Natalya Smith or Mike Hardman at 202: 224-6265.

Thank you for your assistance.

Sincerely,

Lowell Weicker, Jr.
United States Senator

/ns

QUESTION FOR HANK BLANDFORD

1) PLEASE DESCRIBE THE EFFECTIVENESS OF THE CLIENT ASSISTANCE PROJECTS FUNDED WITHIN THE PAST FIVE YEARS.

WHAT IMPACT HAS THE OMBUDSMAN CONCEPT HAD ON THE CLIENTS AND APPLICANTS OF THE STATE VOCATIONAL REHABILITATION PROGRAM, AND WHAT HAS BEEN THE EFFECT ON THE SERVICE DELIVERY SYSTEM?

The Client Assistance Projects (CAP) in general have established an important, rudimentary due process on which can be built a truly comprehensive system which links persons to "all available benefits."

The CAP pilot projects were designed to emphasize "assistance in pursuing legal, administrative or other appropriate remedies to ensure the protection of rights under this Act." The success of the CAP on informal levels of remedy is most apparent. CAPs utilize their placement within the parent agency to influence client-counselor relationships and expedite problem solution. The initial outreach program of the CAPs had a significant effect on information dissemination and the enhancement of consumer education. The result was clearer understanding of agency eligibility and service criteria, which improved the planning process, its negotiative implications, and counselor-agency accountability.

Kentucky's CAP made 251 contacts in fiscal year 1980. The vast majority received information or referral services, with over 50 percent ultimately receiving satisfactory agency services. CAP did not represent any client or applicant in an administrative review or fair hearing.

In fiscal year 1981, CAP had 466 contacts, with 62.9 percent receiving CAP services in one day. Information only was provided to 73.4 percent. CAP did not represent any client or applicant in an administrative review or fair hearing.

Unfortunately, the CAP lost its autonomy and half its staff in fiscal year 1982. Only 102 contacts were made. Importantly, a review procedure was established which emphasized problem resolution at the counselor level by direct contact and intervention. The foundation of due process was firm.

However, the CAP has been reduced in fiscal year 1983 to a part-time function of one staff member who is also the fair hearings officer. If the agency could have been more confident in continued funding, the CAP would stil be an autonomous full-time function.

With due process in its developmental stages, the benefits of the CAPs can be continued. Increased support will enable any CAP to remain independent of a service providing agency's bureaucratic structure, an organizational necessity. It must be empowered to broaden its scope to any applicant or client's individualized, comprehensive needs for remedy.

At least six states serve only persons with visual challenges. Two states serve only native Americans, while other states have geographical limitations on the population which can be assisted by the CAP. As any assistance project grows in capability, visibility, and organizational maturity, it can be effective for all applicant-clients regardless of vocational challenge, heritage, or residence.

It is also possible for CAPs to realize their intended potential for administrative and/or legal remedy. In some states, the CAP is independent of the rehabilitation agency. In New Jersey, the CAP is part of the protection and advocacy service, which already provided remedy at all levels for persons labeled developmentally disabled. CAP staff in New Jersey includes an attorney and other professional and support staff who have provided effective client assistance on all levels, as the Vocational Rehabilitation Act intended. Increased support for separate CAPs will enhance the due process and service delivery system of the state vocational rehabilitation programs.

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE ASSISTANT SECRETARY
FOR SPECIAL EDUCATION AND REHABILITATIVE SERVICES

COMMISSIONER
REHABILITATION SERVICES ADMINISTRATION

The Honorable Robert T. Stafford
United States Senate
Committee on Labor and Human Resources
Washington, D. C. 20510

Dear Senator Stafford:

This is in response to your letter of February 28, 1983, concerning further questions about the Vocational Rehabilitation Program.

I hope that you find these answers responsive.

Sincerely,

George A. Conn
George A. Conn

Enclosure

Questions for Commissioner Conn

Rehabilitation Services Administration

Question #1: In 1975 the total number of individuals served in the VR program was 1,244,338 and in 1982 it was 975,000. Since 1975 there has been a steady decline in the number of individuals served. Why has there been this decline?

Response: The steady decline in persons served in the last seven years is attributed to a combination of (a) losses in purchasing power of the rehabilitation dollar due primarily to health-care related inflation; and (b) the mandate to serve severely disabled persons on a priority basis for whom services are more costly than for non-severely disabled persons.

Question #2: In 1982 the total number of individuals rehabilitated was 266,800. This is the lowest total of rehabilitation since 1968. Please explain.

Response: The final count of rehabilitations in Fiscal Year 1982 was 266,924. It was also the seventh annual loss in the last eight years after the record of 361,138 rehabilitations was set in Fiscal Year 1974. The decline in rehabilitations is attributed to the same factors causing the number of persons served to decrease: (a) the steady loss in the purchasing power of the rehabilitation dollar; and (b) emphasis on serving the severely disabled for whom services are more costly.

Question #3: How many evaluation studies has RSA conducted on its programs during the last four years? Please give titles of these studies.

Response: RSA has conducted 34 evaluation studies in the past four years. They are:

1. Evaluation of Methodologies for Cost Benefit Analysis of Physical Restoration Services in rehabilitation.
2. Facility Improvement Grants.
3. Client Assistance Projects.
4. Projects With Industry.
5. Evaluation of rehabilitation Engineering Centers.

6. A Study to Evaluate the Effectiveness of Vocational Rehabilitation Services to Deaf and Hard-of-Hearing Clients.

7. Study of State Vocational Rehabilitation Agency Use of Post Employment Services.

8. Evaluation of the Research and Training Centers.

9. Policy Development and Promulgation in the State/Federal VR System.

10. An Evaluation of the RSA Research Utilization Laboratory (RUL) Program.

11. Linkage of Data Records Between the Rehabilitation Services Administration and the Social Security Administration. (The RSA-SSA Data Link)

12. Similar Benefits and Economic Needs.

13. Evaluation of State VR Agency Placement Activities.

14. Analysis of FY '77 and '78 Data on Evaluation Standards.

15. Vocational Rehabilitation Follow-up Study - (National Study of over 3,000 Rehabilitants).

16. Evaluation of Financial Management of the VR Program.

17. Testing and Refinement of the Vocational Rehabilitation Evaluation Standards (two projects).

18. Testing and Refinement of the Facilities Reporting System (two projects).

19. Six Comprehensive State VR Programs and Policy Systems Through Model Evaluation Management Information Support Units (6 separate projects).

20. Coordination for Comprehensive State VR Program and Policy Systems through Model Evaluation/Management Information Support Units (Coordinated the 6 State Programs).

21. Evaluation of the Blind and Visually Handicapped Program.

22. Evaluation of Long Term Training.

23. Evaluation of Short-Term Training.

24. Management Information System: (Evaluation, Provision and Development of the RSA Data Retrieval and Management System).

25. Analysis of FY '79 and '80 Data on Evaluation Standards.

26. Evaluation of State Agency Outreach and Referral Processes as They Relate to Recruitment and Selection of Underserved Severely Disabled Clients and Other Minorities, i.e., Rural

and City Ghetto Clients, Native Americans, etc.

27. Needs Assessment of Services to Deaf/Blind Individuals.

28. Evaluate the Effectiveness of Agreements Between State VR Agencies and State Associations of Student Aid Offices.

You will note that studies #17 and #18 consisted of two projects and study # 19 consisted of six projects. These numbers account for the total of 34 studies although only 28 titles are listed here.

Separate from the evaluation studies conducted under the Section 14 authority, RSA has also produced a number of in-house studies which are evaluative in nature. The most recent ones are:

1. "The Long-Term Impact of Vocational Rehabilitation Services, by Severity of Disability" (November,1982).
2. "Economic Gains for Individuals and Governments Through Vocational Rehabilitation" (July, 1982).
3. "An Assessment of the Validity of the Homemaker Closure" (April, 1982).
4. "The Provision of Post-Employment Services, Fiscal Year 1980" (September, 1981).
5. "Do They Stay Rehabilitated?: Returns from the RSA-SSA Data Link" (July, 1981).
6. Reviews and Reevaluations Conducted in Fiscal Year 1979 (September, 1980).
7. "Benefit/Cost Ratios: The State-Federal Program of Vocational Rehabilitation" (July, 1980).
8. "Poor Persons in the State-Federal Program" (July, 1980).

Question #4: The American Indian VR program was instituted in the 1978 Amendments. Has this program been evaluated?

How many individuals have been served in this program during 1979-1982?

How many individuals have been rehabilitated in this program during 1979-1982?

How many trained counselors are involved in this program?

Response: The American Indian VR program was authorized under the 1978 Amendments to the Rehabilitation Act of 1973. Funds were not authorized to initiate the program until Fiscal Year 1981, however, and all Fiscal Year 1981 funds were fully earmarked by the Congress for the sole use of the Navajo Nation. In both Fiscal Year 1982 and Fiscal Year 1983 all program funds were again earmarked for the Navajo Nation. The Navajo Tribe therefore is the only tribe which has thus far participated in the program. The Navajo Vocational Rehabilitation program arranged for an external review team to evaluate its program in September 1982. The review team reported that the program has made considerable progress toward becoming an autonomous unit comparable to established State vocational rehabilitation agencies. The review team noted that the lack of job opportunities on the Navajo reservation was the most serious problem facing the project.

500 disabled persons were served under the program in Fiscal Year 1981 and 375 disabled persons have been served thus far under the Fiscal Year 1982 project which is still underway.

20 disabled persons were rehabilitated under the program in Fiscal Year 1981 and 12 disabled persons have thus far been rehabilitated under the Fiscal Year 1982 project.

There are six trained counselors involved in the Navajo Vocational Rehabilitation program. Five of these counselors were trained at the bachelor's degree level and one at the master's degree level. In addition, there are two project administrative staff who have been trained in the field of counseling.

Question #5: According to the 1981 RSA Annual Report, a computer data system was set up to provide immediate data regarding eligibility and past services in the migratory program.

How well has this program worked?

Give the number of individuals served in the migratory program during 1979-1982?

Give the number of individuals rehabilitated in the migratory program 1979-1982?

Response: The computer system, operated by the University of Arkansas, is very effective for tracking migrant school children. VR migrant projects tie in with that system. Results are being evaluated at this time by field visits to projects.

The last four years for which data are available are Fiscal Years 1978 to 1981. During this period, 1,335 persons were vocationally rehabilitated who had been enrolled in a migratory agricultural worker project. This amounted to 0.1 percent of all persons rehabilitated in that span of time. In addition to those rehabilitated, 778 migrants received services but could not be successfully rehabilitated. The total number of migrants receiving services during the four fiscal years in question is estimated at about 3,300.

Question #6:	How many training projects has RSA had in the following areas? Vocational. Medical. Social and Psychological. Employment Assistance.
Response:	Training projects in these areas are as follows:

	FY '79	FY '80	FY '81	FY '82
Vocational	255	254	242	199
Medical	160	148	117	66
Social and Psychological	25	33	26	19
Employment Assistance	2	2	2	5

Question:	What has been the impact of the training program?
Response:	The most critical impact of the Rehabilitation Training Grant Program has been the increase of personnel available for entry into employment, and the upgrading of skills of personnel currently involved in the provision of rehabilitation services to severely disabled persons. Through the Training Grant Program, RSA has been able to assist in responding to critical manpower shortages in such areas as rehabilitation medicine, rehabilitation counseling, prosthetics and orthotics, and job development and job placement.
Question #7:	What areas of personnel shortages has your long-term rehabilitation manpower plan targeted? (Sec. 304(c)).
Response:	The targeted areas include physicians specializing in physical medicine and rehabilitation, prosthetics/orthotics, interpreters for the deaf, vocational evaluators, speech therapists, vocational nurses, physical therapists and occupational therapists. These areas have been cited as manpower shortage areas in the Senate reports for the past three years.
Question #8:	According to the RSA Annual Report, an evaluation study of the Independent Living Center Program was done. The study found that the Centers were providing direct services, information and referral services

How effective has the total Center program been?

How well has it served handicapped individuals?

Does the program serve more mobility impaired individuals as opposed to other handicapping conditions? If so, what is your recommendation on extending these services to all handicapped persons?

Response: The study to which reference is made was an evaluability assessment. It determined that there was a consensus among the Congress, Federal administrators, and program operators regarding the purpose of the program, its goals, and objectives. At least two States (California and Wisconsin) have conducted studies of their own Centers (28). These States concluded that the Centers should continue because of the provision of needed services for severely handicapped individuals as an integral part of the total continuum of care, over and beyond that provided by the State agencies. The Wisconsin study of 301 clients whose cases were closed reported an improvement in 66.8 percent of these cases.

There is no Federal requirement to report client or case service data by the Centers assisted under Title VII. Therefore, questions regarding mobility limitations cannot be answered with any precision. Sketchy data suggest that while all disabilities are being served in some degree or another, persons with physical limitations constitute more than half of the persons being served. In the California report referenced above, it was found that 69 percent of the persons served had physical disabilities, including hearing and visual impairments. The Wisconsin study already cited, noted that the most frequent disabilities seen are spinal cord injuries, cerebral palsy, deafness and hard of hearing, heart disease, arthritis and other orthopedic disability, and multiple sclerosis. A number of Centers focus on specific disability(ies); last year, one such center which principally served blind individuals reported 348 clients, including 55 deaf-blind persons.

Question #9: How do you see Part A of Title VII evolving?

Response: Part A of Title VII was authorized by the 1978 Amendments to the Rehabilitation Act. As it has never been funded, the Administration has proposed to the Congress that it and the other unfunded authorities be repealed.

Question #10: RSA has developed a standards evaluation system for the State Grant Program. How soon will you be implementing this system? When do you feel a report will be ready once the first evaluation under this system is completed?

Response: The Rehabilitation Act of 1973 mandated the development of standards. The standards were developed under contract, revised and then put into place. The 1978 amendments to the Act removed the requirement for such standards. Berkeley Planning Associates (BPA) has recently delivered a completed version of the Vocational Rehabilitation Program Standards Evaluation System to RSA. The package is intended for use by State VR agencies to assist them in setting their own objectives and measuring how well they are performing. There are 8 program performance standards and 5 procedural standards. RSA will soon be distributing the standards package to each State VR agency and will be available to provide technical assistance to the States in implementing the system within the States.

We do not have plans to develop and issue a national report on the use of the system.

Question #11: We have received increasing numbers of calls from parents and consumers about the lack of transitional services for handicapped students to assist them in moving from school to the world of work. Do you have any national or State estimates on the number of handicapped students who will be graduating or leaving school over the next five years who will need some level of services from rehabilitation or other service agencies.

If no, what steps will your office be taking to encourage systematic collection of data on the numbers and needs of handicapped students who will require transitional and adult services.

Response: Although we lack specific estimates of handicapped student totals, we are aware that these students leave school for varying reasons and, at times, at earlier ages than their non-handicapped counterparts. The Office of Special Education and Rehabilitative Services is working on an operational objective intended to achieve a closer relationship between local special education and VR programs. This action will assist in assuring a continuum of services for handicapped students in the transition period from school to work. At the local level cooperative agreements between VR and Special education programs are another way the programs are linked.

In FY 1981, 32,891 or 13.2% of the VR cases successfully rehabilitated were referred by an educational institution.

During the coming year, SEP has a number of projects under consideration that should serve to broaden our knowledge of secondary handicapped students. One of these projects would follow groups of handicapped students, over a period of years, to determine what happens to these students after they leave a school setting. Specifically, this study would examine support networks, including family, community, and vocational/rehabilitation services, that were available to handicapped students and the effect of these support networks on the transition from school to work. A second area of consideration, given optimal funding, would be the designation of an area, within research grant authority, that would examine the role of support programs such as rehabilitation on the long-term success of handicapped students in the community and on the job.

Question #12: Given the reported effectiveness of Projects With Industry and the critical need to provide alternative vocational training to handicapped youth, has your office considered targeting a number of PWI's at secondary aged handicapped students?

Response: While all PWI's usually have some clients from the special education population, three of the fifteen new Projects With Industry awards of Fiscal Year 1982 focus solely upon handicapped youth. They are:

1) The Board of Cooperative Education Services of
Nassau County, New York,

2) the Battle Creek Public Schools,
Battle Creek, Michigan, and

3) the Chicago City Wide Colleges,
Chicago, Illinois.

Question #13: Does the 1983-1985 preprint for the State Plan follow current regulations in 34 CFR 361? If no: Please explain. Also the legal basis by which you felt this could be done.

Response: The 1983-1985 pre-print does not reflect all of the requirements that the States must comply with under existing law and regulations. This is the case because this new pre-print was revised to incorporate some of the changes the Department expected to make in the regulations for the VR program during the regulatory review being undertaken pursuant to Executive Order 12291.

The Department had originally planned to complete its review and issue final regulations by October 1, 1982, the date the new three-year State plan cycle became effective. Because of delays in the deregulation process, the regulations have not been revised along the lines reflected in the new pre-print. Since the States are required to comply with the current regulations, RSA plans to issue an amendment to the State plan pre-print incorporating the provisions that had been deleted.

Question #14: According to the Rehabilitation Act of 1973, as amended, the duties of the National Council on the Handicapped are: "to provide advice to the Commissioner with respect to the policies of and conduct of the Rehabilitation Services Administration; to advise the Commissioner, the Assistant Secretary of OSERS, and the Director of NIHR on the development of the programs to be carried out under this Act."

To what extent has the Council participated in the formation of the Administration's proposed changes to this Act? If they have not: Please explain.

Response: The Administration's proposed changes to this Act were discussed with various members of the Council via teleconference on March 17, 1983. Participants included: Commissioner Conn, two staff members of the Department's Office of Planning, Budget and Evaluation, and the following Council members: Mr. Hunt Hamill, Dr. Henry Viscardi, Dr. Latham Breunig, and Mr. Justin Dart, Jr.

United States Senate
WASHINGTON, D.C. 20510

April 11, 1983

Dr. Douglas Fenderson, Director
National Institute of Handicapped
Research
400 Maryland Avenue, S.W.
Room 3511
Washington, D.C. 20202

Dear Dr. Fenderson:

I am writing to thank you for your recent testimony before the Subcommittee on the Handicapped and to seek your further input into the process of compiling a written record on the reauthorization of the Rehabilitation Act.

Would you please review the attached questions and forward your written response to:

Natalya Smith, LA
Subcommittee on the Handicapped
SH 113 Hart Senate Office Bldg.
Washington, D.C.
20510

by April 22, 1983.

If you need any further clarification, please contact Natalya Smith or Mike Hardman at 202: 224-6265.

Thank you for your assistance.

Sincerely,

Lowell Weicker, Jr.
United States Senator

/ns

QUESTION #1: THE INSTITUTE HAS THE RESPONSIBILITY TO DEVELOP AND DISTRIBUTE TECHNOLOGICAL DEVICES AND EQUIPMENT FOR HANDICAPPED INDIVIDUALS. HOW CAN THE INSTITUTE IMPROVE THE AVAILABILITY AND EFFECTIVENESS OF NEW TECHNOLOGICAL DEVICES?

Answer : The Institute is launching a major new effort this year to improve the availability and effectiveness of new technological devices for handicapped persons. Two new Rehabilitation Engineering Centers (REC's) in the priority category area of "Stimulation of Industry and Evaluation of Technology", will be supported in Fiscal Year 1983. These Centers will identify devices ready for clinical evaluation, set uniform standards and performance criteria for manufacture and use, and stimulate the private commercial markets to manufacture and distribute such devices.

In addition, some 5,000 existing and available devices are included in our National Rehabilitation Information Center (NARIC) - ABLEDATA computer files. Many inquiries are received each year regarding such devices. Additionally, NIHR's utilization staff continues to publicize the availability of such devices using several information dissemination methods. Each of the Research and Training Centers (RTC's) (21), and REC's also provide information and guidance on a regional basis on technological devices in the Center's particular area of competence.

QUESTION #2: TO WHAT EXTENT DOES THE INSTITUTE INTERACT WITH INDUSTRY IN DEVELOPING AND MODIFYING TECHNOLOGICAL DEVICES TO IMPROVE THE LIVES OF HANDICAPPED PEOPLE?

Answer : The two new REC's will be responsible for interacting with business and industry, encouraging their participation throughout the research, development and evaluation process to assure that the results of research are utilized by handicapped individuals. These Centers will assist industry by identifying needs, providing information on potential markets and evaluating devices io laboratory settings and clinical facilities. A major aspect of Center activities will be to work in close relationship with trade associations, such as the Electronic Industries Trade Association, to inform them of needs and research developments that would be of interest to member industries in developing, producing and marketing devices for various handicapped population groups.

At a regional level, the REC's have well developed relationships with industries that translate advances in technology design and clinical evaluation into commercially available products.

QUESTION #3: HOW MANY APPLICATIONS WERE THERE RELATIVE TO THE NUMBER OF 1) RESEARCH AND TRAINING CENTER, 2) ENGINEERING CENTER AND 3) PROJECT GRANTS AWARDED?

Answer : For Research and Training Centers, 81 applications were received and 22 were funded; for Rehabilitation Engineering Centers, 37 applications were received and 12 were funded and for project grants, 113 applications were received and 14 were funded.

QUESTION #4: HOW MANY MERITORIOUS APPLICATIONS WERE THERE WHICH COULD NOT BE FUNDED?

Answer : Of the 231 applications received, 48 were funded and 39 were approved, but not funded.

QUESTION #5: WHAT SIZE BUDGET FOR NIHR WOULD IT HAVE TAKEN THIS YEAR TO FUND ALL MERITORIOUS APPLICATIONS OR ALL APPLICATIONS APPROVED FOR FUNDING? ARE THERE NEW PROGRAMS THAT WILL BE FUNDED THIS YEAR OTHER THAN THOSE FUNDED IN RESPONSE TO THE 1982 COMPETITION?

Answer : In order to fund the 39 approved but unfunded applications, approximately $17 million would have been required.

NIHR plans to fund two new Research and Training Centers concerning rehabilitation needs of Native Americans and handicapped individuals living in the Pacific Basin. The Institute will also initiate a new research fellowship program during the latter part of this fiscal year.

QUESTION #6: ARE THERE PRIORITY AREAS WHICH, IN YOUR OPINION, HAVE NOT BEEN FUNDED AT ALL?

Answer : The Institute is now conducting preliminary work on revisions to the long range plan and the development of priorities for FY 1984. In this process, we have identified a number of topics that merit consideration as new or complementary research priorities. Examples include:

a) Pediatric rehabilitation including arthritis and joint replacement

b) Data system and evaluation of burn treatment and recovery

c) Advanced design of sensory aids for hearing impaired and communication disabled

d) Methods and effects of training families to aid in maintaining rehabilitation levels

e) Management principles and work-site modification to increase productivity among disabled workers

f) Policy options research in various areas of rehabilitation, especially in mental retardation

Frank Porter Graham Child Development Center
Highway 54 Bypass West 071 A, Chapel Hill, N.C. 27514 - (919) 966-4121

March 28, 1983

Dr. Nina Bar-Droma
Subcomittee on Handicapped Children
113 Hart Senate Office Building
Washington, D.C. 20510

Dear Dr. Bar-Droma:

It was a pleasure to meet you, however briefly, in Washington at the hearings on the discretionary programs for the handicapped. I was also pleased to see the positive response of Senator Weicker to the testimony, and feel that some constructive advances took place during the morning of the hearings.

One of the points that I did not get a chance to make was about the overall value of the discretionary programs. It is my belief that these are the programs that bring quality to the service delivery for handicapped children. When there is a wise investment in research that generates new ideas and products; leadership training to generate gifted young persons to influence the shape and direction of the field; demonstration to provide models of excellence and outreach to speed dissemination, then one has a program that is alive with energy, enthusiasm, and quality people. It is precisely this recipe that has transformed programs for handicapped children from a backwater in university programs to one that is top rated in most schools of education.

Indeed one can make the argument in another fashion. It has been the lack of a systematic discretionary program undergirding Head Start, and Follow Through, and Title I that has hindered the development of the full potential of those programs. If there had been as systematic an investment in research, development, training and dissemination in those programs as there has been with the handicapped, they would be on much more solid ground at the present time.

Accordingly, I think that the continued presence and nourishment of these discretionary programs are of the highest priority, if we wish to continue to deliver high program quality to handicapped children and their parents. I am most reassured by Senator Weicker's approach to this issue. We trust that other senators understand it as well.

I hope that you will feel free to call upon me again if you have need to obtain a response to a particular point. I trust my uncertain arrival did not raise too much anxiety in the staff.

Cordially yours,

Jim Gallagher

James J. Gallagher
Director

ACLD

An Association For Children and Adults With Learning Disabilities

4156 Library Road • Pittsburgh, PA 15234 • 412/341-1515 • 412/341-8077

Honorary National Chairman
HARVEY KORMAN

National Officers
PRESIDENT
MARTHA KABBES
I VICE-PRESIDENT
DOROTHY CRAWFORD
II VICE-PRESIDENT
PATSY FORDYCE
III VICE-PRESIDENT
JANE WOLFE
SECRETARY
SHARI SOWARDS
TREASURER
ANNE FLEMING
BOARD APPOINTMENT
JOE SWALWELL
IMMEDIATE PAST PRESIDENT
ROBERT REED

National Directors
CHERIE BERGSTEN
ALICE BERNARD
LYNNE CANNON
RONALD CANTWELL
MARY COTTER
TRINA CRAIG
DOROTHY DORIA
SUSAN HASTINGS
JERRY ISAACS
BETTY LOCKETT
DAVID POLLEY
HARRIET RECHTMAN
FRANCES RICE
JACKIE SIPPLE
KATHARINE TILLOTSON
JAN VAN VEEN
JOHN WACKER

Professional Advisory Committee
CHAIRMAN
SYLVIA O. RICHARDSON, M.D.
HONORARY CHAIRMAN
SAMUEL KIRK, Ph.D.

WILLIAM L. BYRNE, Ph.D.
JAMES C. CHALFANT, Ed.D.
HYMAN GARDSBANE, O.D.
DORIS JOHNSON, Ph.D.
JANET W. LERNER, Ph.D.
LAURENCE M. LIEBERMAN
REED MARTIN, Esq.
JEANNE McRAE McCARTHEY, Ph.D.
J. GERALD MINSKOFF, Ed.D.
MARIO PASCALE, Ed.D.
JANE ANN RAZEGHI
MARGARET A. SCHEFFELIN, Ph.D.
LARRY B. SILVER, M.D.
BERT KRUGER SMITH
JOHN P. STEKETEE, Judge
ELEANORE C. WESTHEAD, Ph.D.

Youth and Adults Section
CHAIRMAN
JOANNE HASELTINE

National Executive Director
MRS. JEAN PETERSEN

7806 Braeburn Valley Drive
Houston, Texas 77074
May 11, 1983

Mr. John Doyle
Committee on Labor and Human Resources
S.O.B. Hart Building
Room 113
Washington, D.C. 20510

Dear John:

The Governmental Affairs Committee of the Association for Children and Adults with Learning Disabilities (ACLD, Inc.) is writing to comment on several aspects of the proposed "Education of the Handicapped Act Amendments of 1983."

First, under Part C. Sec. 625 (a) the Amendments of 1983 speak of specially designed programs of vocational, technical, continuing, or adult education for deaf and other handicapped persons. ACLD recommends strongly that a definition be included setting forth who the "other handicapped persons" include. It would seem consistant to again use the language of Part A, Sec. 602 (1) for "handicapped persons" to insure that the intent of Congress to serve all handicapped is not circumbented by the omission of specific learning disabilities.

Second, ACLD applauds the introduction of Secondary School and Transitional Services for Handicapped Youth, Part C, Sec. 626, Amendments of 1983.

Third, we are excited about the Parent Training and Information programs. There is a great need for training parents so that they can participate effectively with professionals and so that they can better understand the nature and needs of their handicapped child. However, we feel that there is some inconsistency in the wording for receiving a grant or contract under Part D, Sec. 631 (b). Must the "agency, organization, or entity" applying for a grant or contract at the time of application be in the process of serving parents of children "with the full range of handicapping conditions" or as was written into the draft we reviewed in Washington last week which stated "Centers are authorized subject to prior approval by the Secretary, to contract out for training that they cannot provide."

If the intent is the first (serving multiple handicapped at the time of application) we feel that the language is very limiting and exclusionary. We would like to see the wording clarified so that the applications will be open to a greater number of organizations that are directed "mostly by parents" who can show a background and ability to serve parents of handicapped children and who will be given the authority to "contract out for training that they cannot provide."

Again we would like to thank you for giving us the opportunity to participate in the legislative process. Your support for all persons with handicaps is greatly appreciated.

Sincerely,

Alice

Alice Scogin, Chairman
ACLD Governmental Affairs Committee

cc: Dorothy Crawford, President
Jean Petersen, Executive Director

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION
Two Skyline Place, Suite 400 • 5203 Leesburg Pike
Falls Church, Virginia 22041 • Phone: 703/820-4700

June 23, 1983

Honorable Lowell P. Weicker, Jr.
Chairman, Subcommittee on the Handicapped
U. S. Senate
Washington, DC 20510

Dear Senator Weicker:

The American Association for Counseling and Development (AACD), formerly the American Personnel and Guidance Association, representing a nationwide membership of 41,000 is interested in your most recently sponsored bill S.1341, cited as the "Education of the Handicapped Act Amendments of 1983." We are extremely supportive of the bill, as it contains many valuable needs and approaches to assist disabled children develop to their maximum potential.

Since our organization is primarily interested in human development and our counselor's work is directed toward career development and guidance, vocational exploration, selective job development and placement, we are concerned that this point of view and focus is not reflected in the bill and warrants attention in S.1341.

The following sections of the bill are areas where counseling and, more specifically, career and vocational counseling is or should be a vital component in the delivery of specialized services to disabled youth in primary and/or secondary schools. This is extremely important as students are prepared to move into further training such as college, vocational training, or employment.

Incentive Grants, Section 5 (Section 619(c)), Counseling services at the elementary and secondary level is vitally needed in bridging the gap between student needs, their teachers, and parental involvement.

Regional Resource Centers, Section 621(a), Each Regional Resource Center should have a recognized Guidance and Counseling component in order to provide consultation and materials to school districts in the provision of counseling services to meet the specialized needs of children and youth.

Section 621(D), "Effective Consultative Services" should include Counseling and Guidance consultation oriented toward parents, teachers, etc. to assist in the adjustment process, orientation, and education.

Research, Training in Connection with Centers and Services for the Handicapped, Section 624)(3), Training of special education and counseling and guidance services in programs designed for such children and youth.

Post-Secondary Education Programs (Section 625,b,(2)), Counselors need to be involved and are often the only professional staff equipped to coordinate, facilitate, and encourage education of handicapped individuals with non-handicapped peers.

Secondary Education and Transitional Services for Handicapped Youth, Section 626, Guidance Counselors, Vocational Counselors, and Rehabilitation Counselors are trained to provide the functions necessary for insuring a smooth transition from school to continuing education, as well as preparation for competitive employment, work adjustment techniques, and selective job placement.

Section (A) should also specify vocational counseling programs to make "vocational programs" more relevant and reflect the real needs in this area.

Section (5), Developing appropriate procedures for evaluating vocational training, placement, and transitional services are also the focus of guidance counselors and rehabilitation counselors by virtue of their training and hands-on experiences.

Training for the Education of the Handicapped (See Section 631)omits one very significant professional discipline, namely professional counselors. This would appear to be an oversight, since a substantial part of these new amendments are focused on career development, evaluation of educational abilities, interests and achievements, and job placement, especially as we prepare for the transition from school to work or higher education. The need to train more counselors in order that more handicapped students be better served demands the recognition that inservice and preservice training is emphasized for this group.

Recruitment of Educational Personnel, (Section 633)(2). There is a need to encourage students and professional personnel to seek and obtain careers in counseling and other relevant fields. Who would be better equipped and the most logical to provide such career counseling to students at the college level if it is not career counselors or guidance counselors? They would be in the best possible position to encourage others with an interest and potential to work in schools and rehabilitative settings with handicapped citizens.

Panels of Experts (Section 643)(1), We would highly recommend that "other relevant disciplines include Guidance Counselors and Rehabilitation Counselors and that this be specified in order to insure the kind of expertise that deals specifically with career development, evaluation of potential for training, higher education, work adjustment issues, selective job placement, and post-employment services. To our knowledge, these kinds of professional activities are performed best by counselors trained in these areas.

We appreciate this opportunity to bring to your attention some information to increase the best possible services for our nation's handicapped youth. I have asked Dr. Leonard Perlman of our staff, who has over 22 years experience in counseling and rehabilitation of handicapped persons, to be available to assist in any way possible as your bill moves through the legislative process.

Again, the AACD and its 41,000 Counselor-Members thank you for your interest and efforts in behalf of handicapped youth and their families.

Sincerely,

PJ McDonough

P. J. McDonough, Ed.D.
Associate Executive Vice President

cc: Senator Orrin Hatch,
Chairman, Labor and Human Resources Committee

Please note: Effective July 1, 1983 our new address is:

AMERICAN ASSOCIATION FOR COUNSELING AND DEVELOPMENT
599 Stevenson Avenue
Alexandria, VA 22304

Telephone- 823-9800

Senator WEICKER. The committee will stand in recess.

[Whereupon, at 11 a.m., the subcommittee was adjourned.]

○